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ABSTRACT

The training manual is intended to meet the training needs of Head Start personnel and others working with preschool handicapped children who have not had formal training in special education. The book attempts to provide the basic concepts and practices of providing individualized instruction to preschool handicapped children as mandated by P.L. 94-142 (the Education for All Handicapped Children Act) and the revised Head Start Performance Standards. Part I is on screening and assessment and covers such areas as the nature of screening and assessment; normative, criterion referenced, and special assessment instruments; goals of educational assessment; classification of educational instruments; and selection of an educational assessment instrument. Discussion questions, references, and suggested readings are provided. Programing is the focus of Part II which includes the following subsections: overview of the programing process, long range goals, setting long range goals, functions of the multidisciplinary team, instructional objectives, a sample individualized education plan, sequencing learning activities, and writing behavioral objectives. Practice exercises, daily lesson plans, sample lesson plans, and discussion questions complete the chapter. Considered in the final part, on task analysis and evaluation, are such topics as the purpose of task analysis; the three components of task analysis (method, content, procedure); backward chaining; total task chaining; the nature of evaluation and learning; deciding what information to collect; and alternative actions if the child is not learning. Examples of data records, suggested activities, references, and suggested readings are also given. Appended are samples of educational assessment instruments; a listing of curriculum guides, activity books, and task analysis manuals; and sample forms developed to facilitate the delivery of services to preschool handicapped children. (DB)

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THE SCREENING, ASSESSMENT, AND EDUCATIONAL PROGRAMMING OF PRE-SCHOOL HANDICAPPED CHILDREN: A PRIMER

by

STEVE E. SOMMER, M.A.

with

MARGARET CHURTON, B.A.

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The concepts and procedures presented in this book are not new. They are the result of years of experience and research by professionals from the fields of education, medicine, and psychology. It is impossible to acknowledge individually all those who have made significant contributions to the field of special education and who, thereby, made this work possible. Throughout this book, every effort has been made to credit the work of individual authors whose work is used.

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FOREWORD

The need exists for an introductory training manual to meet the training needs of Head Start personnel and others working with pre-school handicapped children, who have not had formal training in special education. This book attempts to provide the basic concepts and practices of providing individualized instruction to pre-school handicapped children, as mandated by PL-94-142 and the revised Head Start Performance Standards.

The manual is not, and should not be regarded as, a panacea. The author is aware of its limitations in terms of both comprehensiveness and specificity of content presented. Many texts are presently available that are more complete and detailed. However, it has been the author's experience that the intended reader of this manual is overwhelmed by the volume and complexity of the information contained in these texts. In other instances, programming guides, task analysis manuals, and activity books provide information that is readable but does not provide the information within the context of the overall sequence of events, and is therefore fragmented. It is believed that by providing the novice with an understanding of the basic concepts and procedures for providing individualized instruction, there is an increased probability that the reader will consult more comprehensive texts. An effort has been made to minimize terminology. In any specialized field, some terminology is needed. When terms are introduced, they are explained and examples given.

Although the book can be used for self-training, to be maximally effective, a trained professional should direct the study and supplement the content with further explanation and be available to answer questions. The references and suggested readings should be consulted for a more in-depth understanding of the material presented.

PREFACE

The Ironton-Lawrence County Head Start Demonstration/Training (D/T) Project was funded in 1976 to provide training in the area of screening, assessment, and programming of handicapped children enrolled in six (6) Head Start programs serving eight counties in Southeastern Ohio.

During the first year of operation, the D/T staff developed and presented eleven (11) workshops. All training was offered in Lawrence County with grantees sending representatives to the workshops. The first workshop presented "Philosophy of Education" and "Introduction to Various Handicapping Conditions". The remaining workshops provided in-depth information relevant to assessment and programming of pre-school handicapped children in the areas of Language, Fine and Gross Motor, and Self-Help skills.

Evaluation of training effectiveness employed:

1. Objective pre-post tests of content in each training area (i.e., Language, Fine and Gross Motor, and Self-Help)
2. Subjective training evaluations following each workshop
3. In classroom observation of teachers employed in the Ironton-Lawrence County Program. The classroom observation was included to compare "increases in factual knowledge to actual performance/implementation in the classroom", and utilized a formal observation evaluation form (inter-rater reliability = .97)

A review of the above mentioned evaluations by the D/T staff generated the following findings, conclusions, and recommendations:

1) Gross variability of performance was found within and between grantee counties. That is to say, representatives from county "A" did much better overall than representatives from county "B". Further, individual "X" did significantly better than individual "Y" and both were from county "A". The differences were found attributable to differences in ability, motivation, learning styles, previous training, degree of experience with handicapped children, and regular or irregular attendance at training sessions.

2) The amount of information presented per session was regarded as too great for the amount of time. Further, the abstract nature of much of the material was found to be too difficult for participants.

3) Training within areas (e.g., Language) was sequential in nature. An absence from one session made the understanding of the following session most difficult.

4) The subjective evaluation of training effectiveness through observation of teacher behavior in the classroom found a low correlation of pre/post tests to actual performance. This was attributable to number of children per class, number of assistants, years of experience, and severity of handicapping conditions served.

These findings resulted in changes in the training program for the 1977-1978 program year. It was decided that "leveling courses", providing the basics of screening, assessment, and programming of pre-school handicapped children could best meet the needs of the counties served. Further, all training would be offered in the respective counties, thereby increasing the number of teachers trained and minimizing the absentee problem.

The goals and objectives of the Ironton-Lawrence County Demonstration/ Training Project for the 1977-1978 program year were as follows:

1) To provide the programs served with the basic concepts and practices of screening, assessment, and programming of pre-school handicapped children.

   To enable those programs served:

   a. To provide individualized instruction to their handicapped population.

   b. To select screening and assessment instruments that best meet the needs of the population they serve.

   c. To recognize problems and needs in their program so that they can request the training and technical assistance that would satisfy these needs.

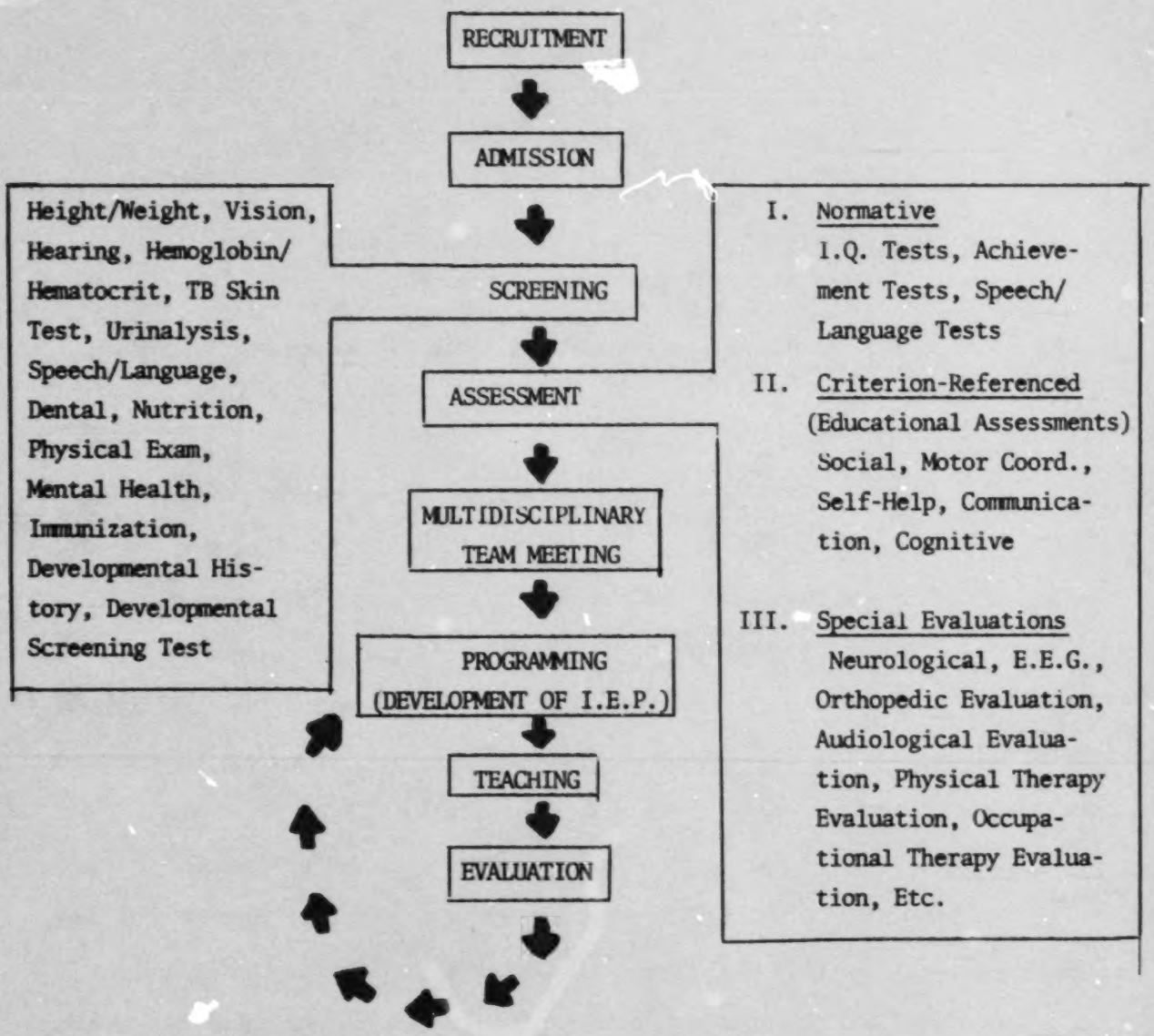
d. To be better consumers of services. Through the training, the programs will be better able to know the questions to ask and better able to evaluate services provided by consultants and trainers. In this way, the programs can more effectively use their training and handicap monies.

2) To produce a training package that could be used to train new staff. The pages that follow constitute the training package.

PART I

SCREENING AND ASSESSMENT

PROCEDURE FOR PROVIDING INDIVIDUALIZED INSTRUCTION TO HANDICAPPED CHILDREN


RECRUITMENT
ADMISSION
SCREENING
ASSESSMENT
MULTIDISCIPLINARY TEAM MEETING
PROGRAMMING (DEVELOPMENT OF I.E.P.)
TEACHING
EVALUATION
Height/Weight, Vision, Hearing, Hemoglobin/ Hematocrit, TB Skin Test, Urinalysis, Speech/Language, Dental, Nutrition, Physical Exam, Mental Health, Immunization, Developmental History, Developmental Screening Test
I. Normative
I.Q. Tests, Achievement Tests, Speech/ Language Tests
II. Criterion-Referenced
(Educational Assessments)
Social, Motor Coord., Self-Help, Communication, Cognitive
III. Special Evaluations
Neurological, E.E.G., Orthopedic Evaluation, Audiological Evaluation, Physical Therapy Evaluation, Occupational Therapy Evaluation, Etc.

PART I

SCREENING AND ASSESSMENT

In this section, we will focus our attention on the screening and assessment process. Our objectives for this section are as follows:

1. Define screening
2. List several screening instruments
3. Define assessment
4. Present different types of assessment procedures
5. Present a classification system of different types of criterion-referenced instruments
6. Present samples of various assessment instruments
7. How to select the most appropriate assessment instrument for a child
8. Presentation of common errors made by teachers working with handicapped children for the first time.

WHAT IS SCREENING?

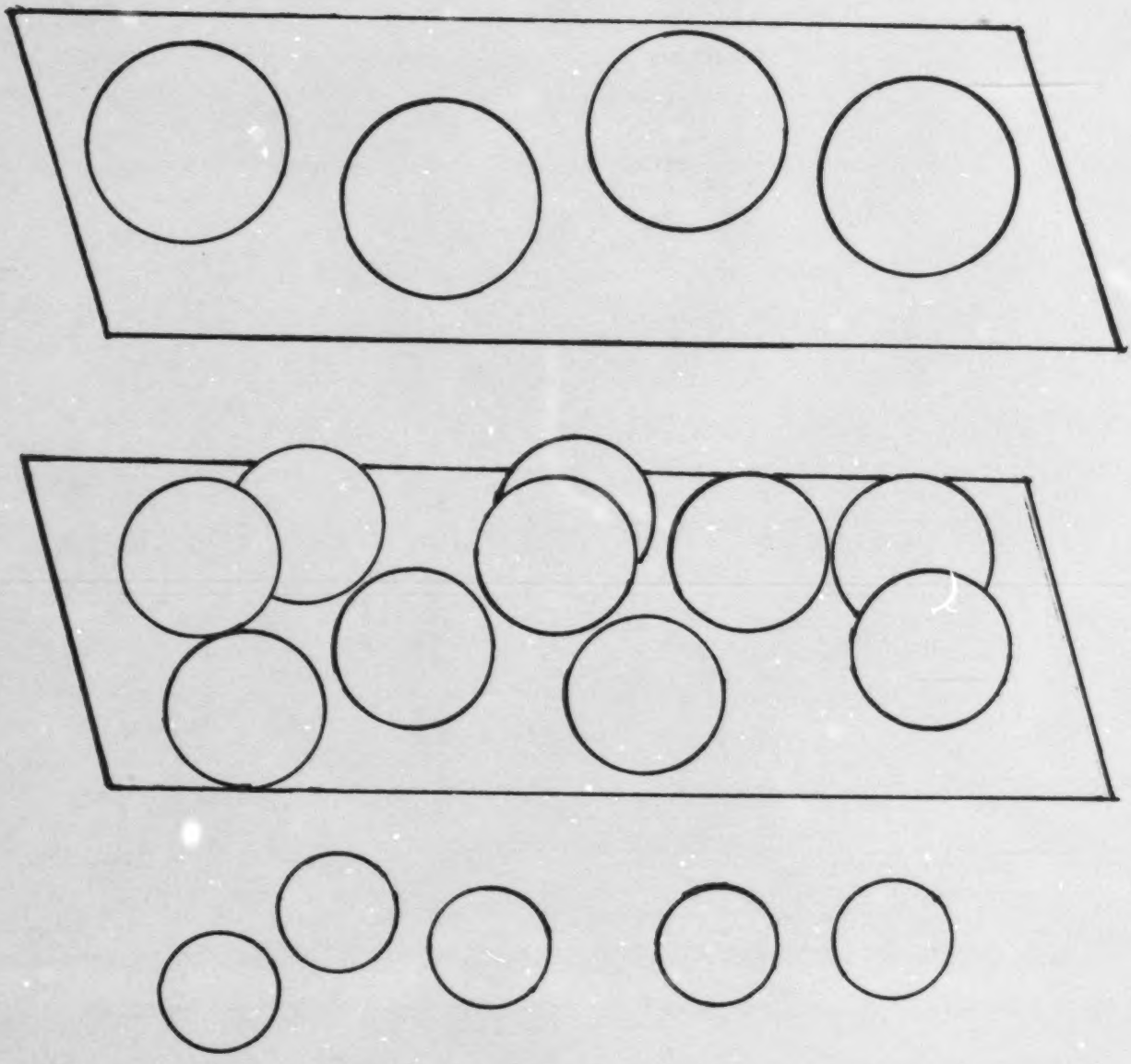
There has been an ever increasing emphasis on "Screening" and "Assessment" of pre-school children. The terms "screening" and "assessment" have become so common that they are often used interchangeably, which has brought confusion as to the differences between them. It is important for anyone involved in the education of pre-school handicapped children to understand those differences so that the screening and assessment process can be carried out in an efficient and effective manner.

Screening is basically a DETECTION procedure. Through a screening procedure, we want to identify or "detect" children who may be in need of further evaluation and special services because of physical, emotional, or developmental problems.

One of the best analogies of the screening process is presented in Screening and Assessment of Young Children at Developmental Risk (Meier, 1973, p.7).

Meier compares screening procedures to a size-sorting machine that is made up of several sieves or screens with progressively finer mesh. If oranges are

to be sorted by size, the first screen has holes large enough to let all the oranges through except the exceptionally large ones. The second screen has holes small enough to let only the exceptionally small oranges pass through. This system of sorting then leaves the average size oranges in the middle, the unusually large ones on top, and the unusually small ones on the bottom.



As can be seen, the "average" oranges are greater in number, as they should be (that's why they are "average") and the unusually large and small are few in number.

The screening procedure has done its job of sorting by size. The screening has been very effective in this way but has not told us anything about why there are some extra large and extra small ones, what we can do to remedy the extra small ones, or increase the number of extra large ones. Further, the system has not given any "quality control" (juiciness, color, sweetness, bruises, thickness of skin) for marketing the oranges. The qualitative decisions require subjective and educated (experienced) assessment.

Just as the exceptional oranges are identified through the screening process described above, so too are exceptional children detected through formal screening procedures.

One of the most widely used developmental screening instruments is The Denver Developmental Screening Test (Frankenburg, 1969). The Denver Developmental Screening Test is appropriate for children ages birth-six and is divided into four areas: Gross Motor, Language, Fine Motor, and Personal-Social. By using this screening device, you will be able to identify most of the children who have special needs. There will be times when a child is identified as having delays, who in fact is not delayed because of shyness, illness, etc. At other times, it may miss a child who in fact has special needs. But overall, this instrument will identify a child as possibly having a special (exceptional) need. The screening procedures draw attention to a child who may be in need of further assessment (special tests).

Physical screenings such as lead level, hemoglobin, vision, height, and weight, etc., tell us something is not as it should be, but not why it is that way or what to do to correct the problem. Physical screenings will not be given further attention here. Developmental screenings point out that a child

may have a delay in one or more of the developmental areas. If the screening indicates a possible delay, the child is in need of further evaluation to determine if there is a delay, what the cause may be, and what can be done to correct the delay. For example, a serious delay in the gross motor area of the Denver Developmental Screening Test may result in a request for an evaluation by an orthopedic surgeon, physical therapist, or further specialized tests such as an electroencephalogram or electromyogram. A diagnosis of cerebral palsy might then be made by the physician based on the results of such special evaluations and tests.

It becomes apparent then, that screening is an important and integral part of any early childhood education program. The screening procedures will detect those children in need of further evaluation. The results of the screening test do not tell us why a child is delayed or what to do to help the child. The screening test does not help the classroom teacher plan for the child's education. Other popular screening instruments are The Developmental Profile (Alpern-Boll, 1972) and The Developmental Indicators for the Assessment of Learning (D.I.A.L.).*

IF SCREENING DOESN'T HELP ME, WHAT WILL?

ASSESSMENT

Assessment is a systematic evaluation procedure which yields a more thorough understanding of a child's present physical, emotional, intellectual, or academic status. Assessment procedures help us to identify a child's relative strengths and weaknesses. Unlike screening procedures that yield a "thumbnail sketch" of a child, assessment instruments yield more specific information that can be translated into treatment or remediation efforts.

* A complete listing of screening and assessment instruments with addresses of publishers has been compiled by Cross, Lee, and Goin, K. (1977). (See references).

The extent to which this is accomplished is dependent on the assessment instrument used. This is particularly true with respect to educational assessment instruments.

Let us do something now that may point out the need for an assessment instrument and what might be gained by using an assessment instrument.

Take out a sheet of paper and work the following 8th grade math problem:

> Mr. Smith weighs two (2) pounds less than three (3) times Mr. Brown's weight.
>
> If their total weight is 842 pounds, how much does Mr. Smith weigh?_____
> How much does Mr. Brown weigh?_____
>
> Mr. Brown is X
> Mr. Smith is 3X - 2
>
> The equation would be as follows: X + 3X - 2 = 842

This problem should not be difficult because all of you reading this book have completed beyond the 8th grade. However, for those of you who are experiencing some difficulty, here's some help.

1. The first step is to assign a "variable" to the correct person.
   In this example, Mr. Brown is X and Mr. Smith is 3X - 2
2. You then set up the equation.
   X + 3X - 2 = 842
3. You then add the variables.
   X + 3X - 2 = 842
   4X - 2 = 842
4. Transfer the whole number to the right of the equation. In this problem, add a positive 2 to both sides of the equation.
   4X - 2 + 2 = 842 + 2
   4X = 844
5. Solve for the value of X
   4X = 844
   X = 844 ÷ 4
   X = 211

If Mr. Brown is X, Mr. Brown weighs 211 pounds.

If Mr. Smith's weight is 3X - 2, then:

$$\begin{array}{r} 211 \\ \times\ 3 \\ \hline 633 \text{ lbs.} \end{array} \qquad \begin{array}{r} 633 \\ -\ 2 \\ \hline 631 \text{ lbs. is Mr. Smith's weight.} \end{array}$$

Now that I have shown you how to do it, I would like for you to do one by yourself:

Kathryn ate 4 times the amount of apples that Cheryl ate, minus 8.

Together they ate 42 apples.

How many did Kathryn eat?_____

How many did Cheryl eat?_____

If you are like me, you didn't do the problem! Go back and work the problem. There is a lesson to be learned from this.

Now, how many of you got the correct answer? How many felt frustrated? How many of you gave up before getting the answer? The computation procedure is shown on page 6. The correct solution is shown on page 23 so that you can CHECK your work.

Many teachers make the same assumptions about the children they teach as I made regarding your math skills. I assumed that because you have completed the eighth grade, you can do the problem. Many teachers assume that because a child is four years old, s/he is able to succeed at tasks, which in fact, the child cannot complete successfully. All too often the child has special needs and cannot succeed at the tasks presented.

THERE IS A BETTER WAY!

A better way to begin a teaching program is to first assess the child and find the present skill level of the child in the area to be taught. To continue with the example of the math problem above, the following math skills

assessment would have been appropriate before asking any of you to do the problem.

1. $\begin{array}{r} 18 \\ +3 \\ \hline \end{array}$ 2. $\begin{array}{r} 44 \\ -9 \\ \hline \end{array}$ 3. $\begin{array}{r} 12 \\ \times 8 \\ \hline \end{array}$ 4. $482 \div 14 =$ ____

5. $42698 \div 821 =$ _____ 6. $\frac{1}{4} \times \frac{1}{2} =$ _____ 7. $3/4 - 1/2 =$ ____

The answers to the above problems can be found on page 26.

Notice that the problems are arranged in an order (sequence) of increasing difficulty. Note further, that in order to solve the algebra problem, you had to be able to add, subtract, multiply, and divide. If you are unable to do one of these, you are not ready to learn algebra. You would be deficient in prerequisite skills; that is, skills necessary to successfully complete the task.

By using the results of this assessment, we could group persons by their skill level. For example, all those persons failing item 3 would be grouped together for work on multiplication, those failing item 6 would be grouped for work on fractions, etc.

The preceeding pages were intended to present an example that you, as adults, can relate to.

Let us now look at a math readiness skills sequence, that may serve as an assessment for a pre-school child.

1. Does the child have adequate vision? That is, can the child see the problem presented?
2. Is the child able to attend (pay attention) to the problem?
3. Is the child able to match shapes?
4. Is the child able to match numerals?
5. Is the child able to name the numerals?

6. Does the child understand number concepts?

7. Is the child able to add two, one-digit numbers?

Instruction could begin anywhere in this sequence. Also, any of the above items could be broken down (task analyzed) to make learning easier. (Task analysis will be given in-depth attention in Part III of this volume).

In order to provide an education program that meets a child's individual needs (individualized instruction), we must begin instruction at the child's present skill level. It makes no sense to teach algebra if the child cannot do addition. Only through an assessment procedure are we able to find the child's present level of functioning in the various skill areas (e.g., language, gross motor, fine motor, social, self-help, and cognitive).

THERE ARE DIFFERENT TYPES OF ASSESSMENTS

I have defined "assessment" as a systematic evaluation procedure which yields a thorough understanding of a child's present physical, emotional, social, intellectual, or academic status. Assessment procedures help us to identify a child's relative strengths and weaknesses. There is a lot of confusion regarding the assessment process. Programs often spend large sums of money on assessment procedures and are dissatisfied with the results. The programs believe that the professionals doing the assessments aren't giving them "useful" information (i.e., what to do with the child in the classroom). This confusion (and dissatisfaction) results from the fact that there are different types of assessment procedures. Each of these produces different information that may, or may not, help the classroom teacher. Yet all of the assessment procedures help us to gain a more thorough understanding of the child.

I have grouped assessment procedures into three types: Normative, Criterion-Referenced, and Special Examinations. Each of these will be discussed in the paragraphs that follow.

1. NORMATIVE ASSESSMENT

The normative assessment compares the child to the "average child" his age (i.e., compares the individual to the group). Examples of normative assessment instruments would be the Wechsler Intelligence Scale for Children, The Peabody Picture Vocabulary Test, The Zimmerman Pre-School Language Scale, The Peabody Individual Achievement Test, The Hejna Test of Articulation, The Stanford-Binet Intelligence Scale, and the Bender-Gestalt. Many more could be listed, but these are representative of this type of assessment. These instruments are commonly used by psychologists or speech pathologists.

The results of Normative tests are usually reported as I.Q., language age, vocabulary quotient, social quotient, grade levels, or percentile ranks, etc. Normative assessment may be used in the following ways:

- It may be important in establishing a diagnosis
- It may help determine the ways in which a child learns best
- It may be helpful in establishing program effectiveness (accountability)
- It may be necessary to establish eligibility for special services

These results do not, however, help the teacher decide what to teach today or next week!

2. CRITERION-REFERENCED

The criterion-referenced assessment instrument usually is a sequenced hierarchy of skills arranged in order from easiest to most difficult. The instrument is divided into skill areas such as fine motor, gross motor, self-help, cognitive, and social. Criterion-referenced instruments are becoming increasingly popular and vary from specific areas such as math or reading, to comprehensive types that cover as many as 59 skill areas in one instrument.

The criterion-referenced instrument is different from the normative type in that the child is not compared to the group. The child is compared to himself (i.e., where was the child last month and where is s/he today?).

The criterion-referenced type of instrument is not used to establish a diagnosis. Some examples of criterion-referenced instruments applicable to the pre-school child are the Pennsylvania Training Guide, The Behavioral Characteristics Progression, Distar Reading Program, Performance Objectives for Pre-School Children, The Learning Accomplishments Profile*, and the Portage Guide to Early Education.*

3. SPECIAL EXAMINATIONS

I've called the third type of assessment procedure "special examinations". Here I've grouped certain types of medical and other specialists tests. Examples of these would be orthopedic evaluations, ophthalmological evaluations, audiological evaluations, neurological evaluations, evaluations by occupational and physical therapists, electroencephalograms, and other laboratory procedures.

This type of assessment is also very important in gaining a thorough understanding of the child. It is important to evaluate the child's ability to receive information from his environment, effectively process that information, and his ability to respond. There may be times that activities may be harmful to the child with special needs, and the specialists assessing the child will point out the activities to be avoided. There may be activities or exercises that will help a

* The Learning Accomplishments Profile (L.A.P.) and the Portage Guide to Early Education combine a developmental and criterion-referenced approach, through reporting ages at which time the behavior usually emerges. However, the intent is not to compare the child to the age group. Further, both the L.A.P. and Portage Guide are designed to be used as curriculum guides and provide supplemental materials and information for teaching the skills listed.

handicapped child and they, too, can be prescribed by the specialist. There may be medicine or surgical techniques that can improve or correct a child's problem. There may be times when the condition may not be corrected or improved, but special equipment (walkers, braces, communication boards, special feeding equipment, low vision aids, etc.) may greatly improve the child's ability to function independently.

It is important to remember that all three types of assessment (Normative, Criterion-Referenced, and Special Examinations) are essential if we are to gain a total understanding of the pre-school child. Further, all these are necessary before we can develop and implement the Individualized Education Plan (I.E.P.) mandated by Public Law 94-142.* (The I.E.P. will be presented in detail in Part II of this manual).

Although all three assessment procedures are essential for the child, we will limit our attention to the criterion-referenced type because they are administered, interpreted, and implemented by the classroom teacher, our intended reader population.

EDUCATIONAL ASSESSMENT THROUGH THE USE OF CRITERION-REFERENCED INSTRUMENTS

Before we present the specifics of educational assessment procedures, it is important to get an overall view of education.

Education consists of two (2) parts:

1. Deciding what to teach
2. Deciding how to teach it

The goal of educational assessment (sometimes called curriculum assessment) is deciding what to teach. More specifically, the goal of educational assessment is the formulation of a set of precise instructional objectives (tasks to teach) with which to begin a child's education.

* Head Start Programs are not covered by PL 94-142. However, all three types of assessment are needed to provide comprehensive services.

To accomplish this, the assessment should:

1. Tell us what the child is able to do in each of the skill areas when s/he comes to us, and

2. What we should teach first in each of the areas.

An ideal educational assessment instrument should give us (1) a list of skills (2) arranged in order from the most simple to the most complex, and that (3) an item failed becomes an instructional objective (what we will teach).

All of the criterion-referenced instruments listed on page 11 provide to a greater or lesser extent a list of skills aranged in order of difficulty from most simple to most complex and when failed, become instructional objectives.

Sailor and Horner (1976) have provided a detailed analysis of several educational assessment instruments available on the market today. They have classified these instruments into three groups (positions) by degree of comprehensiveness and ability to meet their specifications of an "ideal assessment instrument."*

POSITION I ASSESSMENT SYSTEMS

Although the instruments in this position are called assessment instruments, Sailor and Horner regard them as screening instruments. They take a relatively short period of time to complete (approximately 2 weeks) and provide a "thumbnail sketch" of the student's current skill level in the various areas. These instruments provide a list of skills from the most simple to the most complex, but the number of items at each developmental level are relatively few compared to other instruments. This makes the steps to be learned larger than if more items were provided.

* Sailor and Horner's classification system was developed with reference to use with the severely and profoundly handicapped. It is used here as a model for classifying the comprehensiveness of instruments.

Sailor and Horner included the TARC Assessment System and the Portage Guide to Early Education in Position I. I would include the Learning Accomplishments Profile (L.A.P.) in this category as well. Sections of the Portage Guide Checklist and the L.A.P. are presented in Appendix A (pages 68-78) to show you examples of this type of educational instrument.

POSITION II INSTRUMENTS

According to Sailor and Horner (1976), Position II instruments are those that fall midway between totally comprehensive and screening type instruments.

> "A Position II type of system would reliably communicate to the teaching staff:
>
> a) Child's current baseline skill level
> b) on a wide range and number of basic service need skill areas
> c) which fall into a progressive developmental-remedial sequence, such that
> d) when child fails an item, that item becomes an instructional objective and teaching continues up the sequence." (Sailor and Haring, 1977, p. 78).

They sight the Pennsylvania Training Guide as the best example of a Position II instrument. The Pennsylvania Training Guide assesses the child's current competency in the sensory, motor, self-care, communication, perceptual-cognitive, and social interaction areas.

Sections of the Pennsylvania Training Model can be found on pages 79 through 83.

After reviewing the Pennsylvania Training Guide you can see how (1) the items are more specific than are the Portage or L.A.P., (2) each item represents an extremely small learning step, (3) the items actually break down a task into its sub-skills. The results of the assessment are therefore more precise than the Position I instruments. For example, on a Position I instrument, the item might state, "Child removes sock." The Pennsylvania Training Guide has five items on removing a sock. In addition to the

five items for removing the sock, each item can be rated on a four-point criterion (0-3). Therefore, each item of the instrument, in addition to being a smaller learning step, also becomes a rating of competence (e.g., to what extent is the child able to remove his sock when it is positioned at the heel?) within the item.

This type of approach is significant when working with moderate to severely handicapped children for several reasons:

1. We are able to more accurately access his entry level (baseline) skills.
2. The tasks are broken down (task analyzed) into sub-skills for the teacher. This is helpful to teachers who have not had a lot of experience or training in working with more severely involved children.*
3. The smaller learning units allow the teacher to see progress more readily than with a Position I instrument, thus reinforcing her teaching efforts.

The Pennsylvania Training Guide also includes "instructional units" on auditory visual and tactile discrimination, areas important for low-functioning children usually not covered in other assessment instruments.

POSITION III ASSESSMENT SYSTEMS

Sailor and Horner site the Behavioral Characteristics Progression (B.C.P.) as the best example of a Position III Assessment Instrument. The B.C.P. is fully comprehensive and therefore quite complex and time consuming (6-8 weeks). The student is rated on up to 59 "strands" (skill areas), each of which may contain up to 50 sequenced items rated on a 3-point scale. All 59 "strands" are not used at one time; rather, the functional level of the student and priorities established by the teacher determine which strands will be taught.

Sample strands of the B.C.P. are provided in Appendix A, pages 84 through 92.

* Although each item is a sub-skill of a task, it can be broken down further if necessary. See Part III Task Analysis for information.

The differences between the B.C.P. and the Pennsylvania Training model are:

1. The Pennsylvania Training Guide covers fewer skill areas than the B.C.P.

2. The Pennsylvania Training Guide focuses exclusively on lower level skills whereas the B.C.P. deals with low level and higher level skills. For example, the highest level gross motor task on the Pennsylvania Training Guide is walking. The highest level gross motor item on the B.C.P. is "jumping" with other strands on wheel-chair use and use of crutches.

The B.C.P. also helps to provide continuity of services from one setting to another. For example, a child may be assessed on the B.C.P. in a Head Start or day care setting. When the child then moves to the public schools, the B.C.P. can be forwarded to that school for continuation of educational services.

In an effort to summarize and clarify the different levels (positions) of assessment instruments, let's look back at our math assessment on page We stated that by using this instrument we could assess the present level of math skills and begin instruction based on the findings. We also stated that we could group individuals for instruction based on the results. This is true.

On page 17, we present another math assessment. It is apparent that this assessment is longer and more specific than the first. It enables us to not only find out that work is needed in addition (or subtraction, multiplication, division), but that instruction should begin, for example, with addition of three-digit numbers.

The comprehensiveness of this instrument as compared to the first, is similar to the differences between, say, the Learning Accomplishments Profile and the Behavioral Characteristics Progression.

COMPREHENSIVE MATH ASSESSMENT

(1) 4 +5 (2) 10 +2 (3) 18 +3 (4) 29 +87 (5) 101 +999

(6) 8 -4 (7) 11 -3 (8) 44 -9 (9) 72 -27 (10) 1011 -999

(11) 2 x2 (12) 12 x2 (13) 12 x8 (14) 413 x12 (15) 225 x123

(16) 4 ÷ 2 = ___ (17) 44 ÷ 2 = ___ (18) 482 ÷ 14 = ___

(19) 42698 ÷ 821 = _____

(20) ½ x ½ = ___ (21) ½ ÷ ½ = ___ (22) ½ + ½ = ___ (23) 3/4 - 1/2 = ___

(24) .5 + .4 = ___ (25) .5 - .4 = ___ (26) .5 x .4 = ___ (27) .5 ÷ .4 = ___

(28) a + 2a = 6
a =

(29) 2a + 5a = 21
a =

(30) 5a + 7a - 4 = 80
a =

HOW DO YOU SELECT AN ASSESSMENT INSTRUMENT?

Now that we've presented a variety of assessment instruments available on the market today, how do you go about selecting one?

You may be thinking, "The bigger, the better!" Although a comprehensive instrument has advantages, it is not always appropriate.

THE ONLY WAY TO SELECT AN ASSESSMENT INSTRUMENT IS TO CONSIDER THE INDIVIDUAL NEEDS OF THE CHILD.

Every instrument presented is appropriate for some children and inappropriate for others. Further, all instruments have their strengths and weaknesses. What one instrument lacks in terms of comprehensiveness, it may make up for in specificness of content. Only through experience with the instrument will you be able to identify its strengths and weaknesses. You cannot rely on one instrument to answer all of your assessment and planning problems. You will always have to go to other resources for help. These resources may be other assessment instruments, curriculum guides, activity books, task analysis manuals, aids and appliances catalogues, or other professionals. You cannot rely on one pre-packaged system to do all of your work.

However, it is safe to say that the more severely handicapped the child, the more specific and comprehensive the assessment instrument needs to be. For example, a five year old retarded, non-verbal, cerebral palsied child who is unable to walk will require a more specific approach to assessment and training than a five year old child with mild mental retardation and no physical handicaps. Both can be assessed and a teaching program developed to help the child realize his fullest potential, but the approaches will be different. More about this in the next chapter.

"WHAT CAN I EXPECT OF THIS CHILD?"

"AFTER ALL, HE IS HANDICAPPED!"

"THAT POOR BABY!"

One of the most common mistakes made by teachers of pre-school handicapped children is to baby and coddle them. Remember that handicapped children are more like normal children than they are different from normal children.

Handicapped children learn quickly that the level of expectation is lower for them than for other children. If this is communicated to the child by the parents and teacher, the child will resist efforts to engage him in learning activities perceived as difficult.

This tendency to expect too little (or fear of expecting too much) can be overcome through thorough and effective assessment procedures. By employing normative, criterion-referenced, and special examinations, the teacher will come to understand the child's unique needs and what can realistically be expected of the child. Through the assessment process and input from support staff, the team can prioritize the instructional goals.

Many times the teacher who is not experienced in working with physically handicapped children will try to compensate or make up for the child's handicapping condition by giving them lots of love and attention. This is not helping the child. Loving a child is <u>not</u> enough! There is no substitute for a thorough assessment procedure that results in a tailored/individualized teaching program.

DISCUSSION QUESTIONS

1. What is Screening?

2. What is Assessment?

3. What is the difference between Screening and Assessment?

4. Name four criterion-referenced educational assessment instruments.

5. What is the difference between a normative and criterion-referenced approach to assessment?

6. Why is assessment essential if we are to provide individualized educations to the handicapped?

7. If a child is screened with a Denver Developmental Screening Test and demonstrates an overall delay, what should be done then?

8. Give two ways that results of normative assessment can be used.

9. Describe an ideal assessment instrument.

PART I

SCREENING AND ASSESSMENT

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1. Cross, Lee. and Goin, K., Identifying Handicapped Children: A Guide To Case Finding, Screening, Diagnosis, Assessment, and Evaluation. New York: Walker and Co., 1977.

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3.* McKelvey, L.D. & Rintoul, B, and Carter, S., Early Childhood Developmental Disabilities: A Self-Paced Course for Training Staff to Identify and Integrate Children with Handicapped Conditions into Pre-School Programs (Vo. I and II) Region VII Resource Access Project. 39th and Rainbow Blvd., Kansas City, Kansas, 1978.

* The work of McKelvey, Rintoul, et. al. is an excellent introductory, informative, easy-to-read book, developed for Head Start teachers. The manual you are reading compliments the work of McKelvey, et. al. and expands upon their chapters on screening, assessment, and programming. I highly recommend this book.

SOLUTION TO MATH PROBLEM ON PAGE

$X + 4X - 8 = 42$

$5X - 8 = 42$

$5X - 8 + 8 = 42 + 8$

$5X = 50$

$5X \div 5 = 50 \div 5$

$X = 10$

Kathryn ate 32

Cheryl ate +10

42 apples altogether.

ANSWERS TO MATH ASSESSMENT ON PAGE

1. $18 + 3 = 21$

2. $44 - 9 = 35$

3. $12 \times 8 = 96$

4. $482 \div 14 = 34$

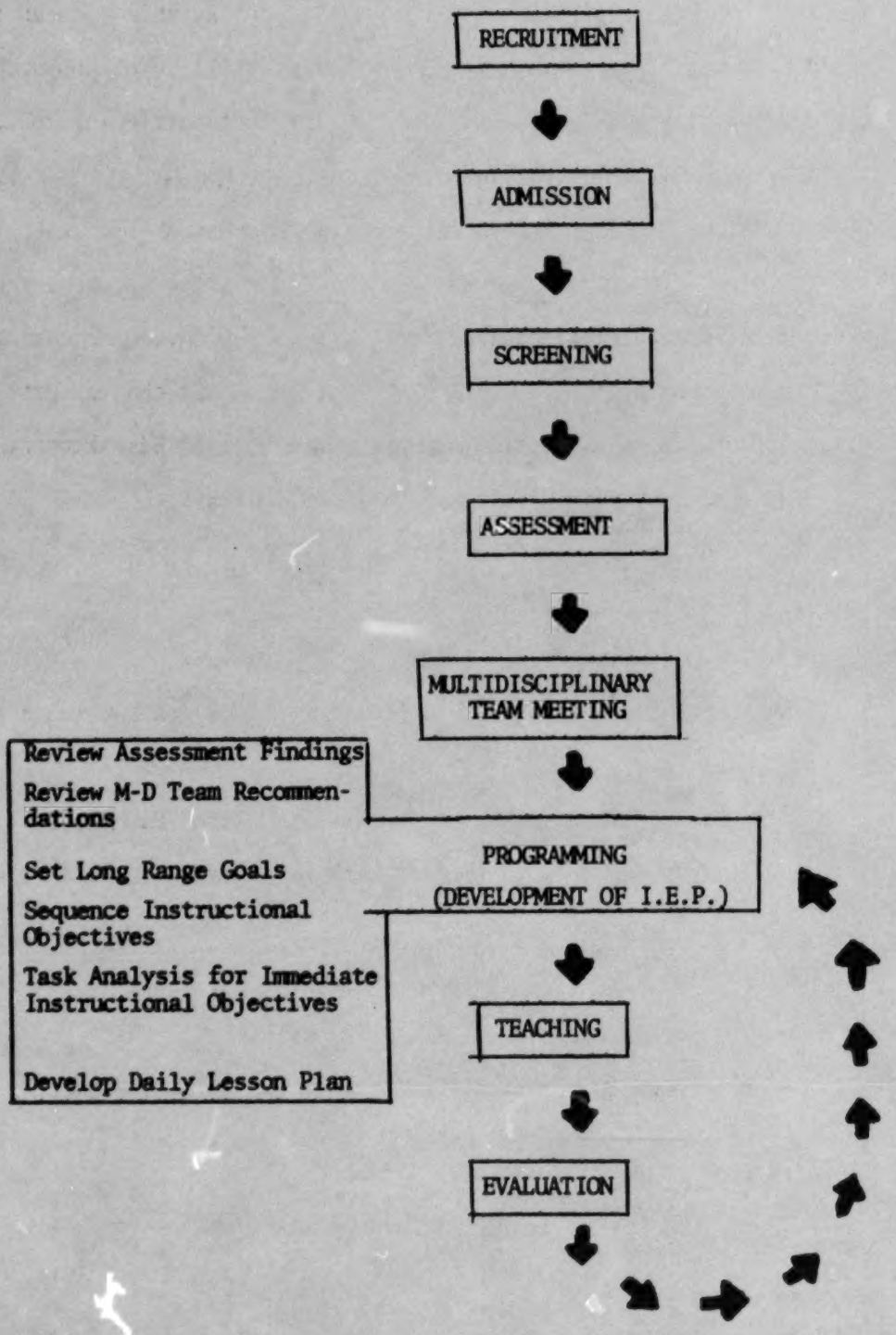
5. $42698 \div 821 = 52$

6. $1/2 \times 1/2 = 1/2$

7. $3/4 - 1/2 = 1/4$

PART II

PROGRAMMING



PART II

PROGRAMMING

The purpose of this manual is to help you provide individualized instruction to handicapped pre-school children. By this we mean that each child will begin his education at his present skill level and proceed at his own pace and learn in ways that are best for that particular child.

The Education of All Handicapped Children Act (Public Law 94-142) passed by Congress in 1975, mandates that such instruction be provided. The Individualized Education Plan (I.E.P.) is the written document that is the basis for the handicapped child's education. The development of the I.E.P. is completed during the "Programming" process. This chapter attempts to present the "how to" of developing an Individualized Education Plan.

Our objectives for this chapter are as follows:

1. To define programming
2. To explain the purpose of programming
3. To define long-range goals
4. To provide practice in setting long-range goals through sample exercises
5. To introduce a sample of the Individualized Education Plan (I.E.P.)
6. To introduce a sample of the Individualized Treatment Plan (I.T.P.)
7. To define "Sequencing"
8. To give an example of a sequence of activities
9. To give an example of a task analysis
10. How to write behavioral objectives
11. To present examples of daily lesson plans

WHAT IS PROGRAMMING?

Frostig and Maslow (1973, p. 143) have defined programming as "the process of planning a learning sequence (of skills) based on a careful evaluation of the learner's individual abilities and disabilities." The purpose of programming is then to make a match between the abilities of the child and what and how he is to learn.*

Remember that we stated in the first chapter that education consists of What to teach and How to teach it. We pointed out that only through an assessment process are we able to decide what the child can do when he comes to us. So, before we can decide what to teach, we have to know what s/he can presently do. Otherwise, we might teach something the child already knows or frustrate the child with something too difficult.

So programming is a planning process that follows assessment and preceeds teaching the child.

OVERVIEW OF PROGRAMMING PROCESS

1. Review Education Assessment Instrument Results

   What can the child do now? What is his greatest strength and weakness? What does he need the most work in first?

2. Review recommendations from the Multi-disciplinary Team.

   Are there activities to avoid? Have they recommended any activities as high priority?

3. Set Long-Range Goals

   What will the student be able to do after you teach him in each area of development?

*Frostig and Maslow make a strong distinction between programming and curriculum. "Curricula are commonly designed on the basis of age levels, community needs, tradition, or the supposed or real needs of special groups of children (e.g., retarded, blind, etc.). Traditionally, curricula have not been designed to cater to the child's individual differences and needs" (Frostig and Maslow 1973, p. 143).

4. Sequence Instructional Objectives

   Are you insuring success by moving from his entry level behavior to the next step in order of difficulty? Have you planned to teach that which is easiest, first?

5. Task Analyze the Immediate Instructional Objective

   What skills make up this task? What part of the task is the child having difficulty learning? How can I "break-down" this task to make learning easier for the child?

6. Develop Daily Lesson Plan

   Have you planned activities directly related to the short-range (instructional) objective? Have you planned for all materials needed for the lesson? How will you know when the child has accomplished what you want him to accomplish. What is the criteria for learning?

Only after all of the above steps are completed, are you ready to go into the classroom to "teach".

I will present each step of the Programming process in more detail on the pages that follow.

WHAT ARE LONG RANGE-GOALS?

Long-range goals are statements of what the child will be able to do after you teach him in each of the skill areas.

The long-range goal is usually stated in very general terms. For example, "Johnny will be able to walk." Another might be, "Mary will improve her social skills." If the child is severely handicapped, the goal may be more specific. For example, "Johnny will be able to walk ten (10) feet with the assistance of crutches.

The way the long-range goal is written is usually determined by the school district or program administration.

WHAT PERIOD OF TIME IS COVERED BY A LONG-RANGE GOAL?

In most public schools and Head Start programs, long-range goals are for an academic year. In other programs, long-range goals are for 6 months or even 3 months. It is really an arbitrary decision. What is important is that everyone in a program use the same time period in setting long-range goals.

HOW DO I BEGIN TO SET LONG-RANGE GOALS?

Begin setting long-range goals by reviewing the child's educational assessment instrument. By reviewing the assessment instrument you are able to find the child's present level of functioning.

You will also be able to see relative strengths and weaknesses of the child. For example, the child may be functioning at age level in the motor areas, but delayed in the language and social areas. From this you may want to focus special attention on the delayed areas.

After you review the total assessment, you then need to review the recommendations made by the Multi-disciplinary Team. The Multi-disciplinary Team is a group of specialists usually consisting of a special educator, speech pathologist, psychologist, teacher, social worker, nurse, and pediatrician. These persons review and discuss all of the screenings, evaluations, and past medical information including developmental history. After a thorough review of this information, they meet with the parent to develop a comprehensive program to meet the needs of the child. The comprehensive plan is then recorded on the Individual Program Plan (I.P.P.) form. You, the teacher, should be present at the multi-disciplinary meeting. However, some programs use teams attached to hospitals or clinics, and these teams only send reports. This is far from ideal, but may be all that is available to some programs. (If you are in a state that is covered by 94-142 for ages 3-5 years, you must be present at the Multi-disciplinary Team meeting!)

No matter how the child was assessed, whether it was a multi-disciplinary team or individual private practitioners, the results need to be shared with the classroom teacher. The teacher cannot be expected to work with a handicapped child every day and meet his needs without an understanding of the child's special needs. The health coordinator, handicap coordinator, school nurse, or psychologist must be charged with the responsibility of informing the teacher of the child's special needs, if she was not present at the multi-disciplinary team meeting.

For example, if a cerebral palsied child is sitting on the floor in a "reverse W" position, someone needs to tell the teacher that this is harmful to the child. Another example might be that a child in a wheel chair should be checked for pressure sores, and regular application of lotion to bony prominences may be indicated. The list can go on and on.

NOTE: BE SURE YOU KNOW THE CHILD'S NEEDS

When working with handicapped children, it is difficult to remember all of their special needs, particularly when you have large numbers of handicapped children enrolled. For this reason, it is important to record important information in summary form. This helps the multi-disciplinary team and the classroom teacher remember all the important information. It helps ensure that needed services are provided and organizes the information.

Barbara Dodgion, M.A., Handicap Coordinator for the Ironton-Lawrence County Head Start Program, has developed a number of reporting and summary forms that have been found to be most helpful in providing services to our handicapped population. These are included in APPENDIX C pages 99-110 for your review.

After reviewing the assessment instrument and recommendations of the multi-disciplinary team, you must take into account the amount of time you will have to work with the child and the materials and resources available to you. The goals and services identified and recorded on the Individual

Program Plan will depend on the services available to your program. If the services of a physical therapist, occupational therapist, psychologist, or educational diagnostician are available, the services and goals will be more comprehensive than if these services are not available. (Remember, in those states where PL 94-142 covers the 3-5 year old age group, all services needed by the child must be provided.)

Let's look at some cases for practice in setting long-range goals. Refer to page 31 for the assessment results on Jeff. Jeff is a 36 month old male diagnosed as Down's Syndrome. He is the youngest of three (3) children born to Mr. and Mrs. Smith. Jeff's parents are very capable of following through at home on recommendations made by the school. They are concerned and willing to cooperate. No physical problems were found at the time of the physical examination.

Set a long range goal for Jeff in the gross motor area before reading any further.

EXERCISE DISCUSSION:

In looking at the assessment instrument we see that this is the Gross Motor Section of the Learning Accomplishment Profile. We see that Jeff is a 36 month old male diagnosed as Down's Syndrome. This tells us little about his special needs because there is a lot of variation in ability for Down's Syndrome children. We find that there are no physical problems that would interfere with Jeff developing his gross motor skills. With this information, we would not expect to need the services of a physical or occupational therapist.

The greatest majority of Down's Syndrome children function at about half their chronological age (life age). Since Jeff is 36 months of age, we would expect Jeff to be functioning in the 15-18 months level of development in the gross motor area. In that he is presently functioning at the 5 months

(L A P) GROSS MOTOR Learning Accomplishment Profile

Bibliog. Source	Behavior	Age (Dev.)	Assessment Date		Date of Achievement	Garments (Criteria, materials, problems, etc.
9	Held sitting, head position predominantly erect	2 mos.		+		
8	Rolls over	3 mos.		+		
9	Held standing, lifts foot	3 mos.		+		
8	Pulls to sit--no head lag	4 mos.		+		
2	Turns from back to side	4 mos.		+		
8	Sit without support	5 mos.		-		
8	Stands, holding on	6 mos.		-		
8	Pulls self to stand	8 mos.		-		
8	Walks with assistance	11 mos.		-		
8	Stands alone well	11 mos.		-		
9	Attains sitting position unaided	12 mos.		-		
9	Crawls rapidly on all fours	12 mos.		-		
8	Walk alone	12 mos.		-		
2	Throws ball	13 mos.		-		

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Wipes nose when reminded	+	/ /	
	56	Wakes up dry two mornings out of seven	+	/ /	
	57	Males urinate in toilet standing up	+	/ /	
	58	Initiates and completes dressing and undressing except fasteners 75% of time	+	/ /	
	59	Snaps or hooks clothing	+	/ /	
	60	Blows nose when reminded	+	/ /	
	61	Avoids common dangers (i.e. broken glass)	+	/ /	
	62	Puts coat on hanger and replaces hanger on low bar with instructions	+	/ /	
	63	Brushes teeth when given verbal instructions	+	/ /	
	64	Puts on mittens	+	/ /	
	65	Unbuttons large buttons on button board or jacket placed on table	+	/ /	
	66	Buttons large buttons on button board or jacket placed on table		/ /	
	67	Puts on boots	+	/ /	
4-5	68	Cleans up spills, getting own cloth	+	/ /	
	69	Avoids poisons and all harmful substances	+	/ /	
	70	Unbuttons own clothing	+	/ /	
	71	Buttons own clothing	—	/ /	
	72	Clears place at table	—	/ /	
	73	Puts zipper foot in catch	—	/ /	
	74	Washes hands and face	—	/ /	
	75	Uses correct utensils for food	—	/ /	
	76	Wakes from sleep during night to use toilet or stays dry all night	—	/ /	
	77	Wipes and blows nose 75% of the time when needed without reminders	—	/ /	
	78	Bathes self except for back, neck, and ears	—	/ /	
	79	Uses knife for spreading soft toppings on toast	—	/ /	
	80	Buckles and unbuckles belt on dress or pants and shoes		/ /	
	81	Dresses self completely, including all front fastenings except ties		/ /	

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level of development, we are seeing a 10-13 month delay beyond that expected.

It may be that Jeff's mother and brothers and sisters do everything for him, and that's why he isn't developing in the gross motor area. A behavior/motivation problem may exist.

Considering the above information, an appropriate long-range goal for this program year would be, "Jeff will be able to walk with assistance".

Let's look at another example. Refer to page 32 for Sally's assessment.

Sally is a 4 year-10 month old white female enrolled in the Head Start Program. Sally is an only child. Her mother is a homemaker and her father is a truck driver who experiences seasonal lay-offs. Sally does not have any physical problems. She lives in a very rural area with a minimum of contacts with other children.

At the time of enrollment, the mother did not report any behavior or learning problems. According to the mother's report, there were no complications during the pregnancy or delivery. Developmental milestones were within normal limits. The Denver Developmental Screening Test was abnormal, showing delays in all areas with the greatest delay in the personal-social area.

Turn to page 32 and review Sally's assessment. Set a long-range goal for Sally, based on the information given, and explain why you selected the goal.

EXERCISE DISCUSSION:

The case history of Sally was written in such a way as to bring one to the conclusion that her greatest problem is familial or cultural deprivation. She lives in an isolated area, there are no physical problems, she is an only child, and her greatest delay is in the personal-social area. This child is typical of many Head Start children in rural areas.

Considering the information above, a long-range goal might be, "Sally will function at age level in the self-help area."

The purpose of the above exercises was to give you practice in looking at assessment information and setting a long-range goal.

HOW WILL YOU REMEMBER YOUR LONG-RANGE GOALS?

In order to remember your long-range goals, you will write them down on a special form. This form is called the Individualized Education Plan, sometimes called the I.E.P. A sample of an I.E.P. is included on pages 35-37. Notice that on the first page we have included basic identifying information such as name, age, parent, etc. At the bottom of the page we have listed the skill areas to be taught and the child's present level of functioning. There are places to write in the level of functioning at the beginning of the year and functioning at the end of the year.

The areas listed (i.e., Gross Motor, Fine Motor, Social, Cognitive, etc.) are those we assess and teach in our program. The areas you might decide to include would be dependent upon the assessment instrument you select. For example, The Pennsylvania Training Guide includes assessment of auditory and visual discrimination and the Behavioral Characteristics Progression includes such things as wheel chair use. So the form you develop or use may be just a little bit different.

On pages 36-37, you see places for long-range goals in the various areas. This is where you write the long-range goals you decide upon. Every child has his own Individualized Education Plan.

SHORT-RANGE GOALS (INSTRUCTIONAL OBJECTIVES):

The short-range goals are smaller tasks and skills that lead to the attainment of the long-range goal. Short-range goals are usually called INSTRUCTIONAL OBJECTIVES. It is the instructional objectives that teachers work on (teach) every day in the classroom.

Let's look at an example to help clarify this. When we looked at Sally's assessment instrument, we set the following long-range goal in the self-help

INDIVIDUAL EDUCATION PLAN
(I.E.P.)

NAME: _____ AGE: _____ D.O.B.: _____ DATE: _____

PARENT(S) _____ ADDRESS: _____

SCHOOL: _____ TEACHER(S): _____ PHONE: _____

PRESENT LEVEL OF PERFORMANCE: _____

SKILL AREA

Gross Motor	Date	Pre-Test	Date	Post-Test
Balance				
Locomotion				
Stairs				
Jump				
Hop/Skip				
Moving/Receiving an Object				
Using Outdoor Equipment				
Fine Motor				
Manipulative				
Writing				
Social				
Cognitive				

Self-Help	Date	Pre-Test	Date	Post-Test
Dressing				
Feeding				
Toileting				
Grooming/Hygiene				
Language				
Receptive				
Expressive				
Math Readiness				
Reading Readiness				
Auditory Dev.				
Visual Dev.				

APPROVED: _____ DATE: _____ WITNESS: _____
Parent/Guardian Signature

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Ironton-Lawrence County Head Start

LANGUAGE:

LONG RANGE GOALS: 1._____
2._____

INSTRUCTIONAL OBJECTIVES: 1._____
2._____
3._____
4._____
5._____
6._____

FINE MOTOR:

LONG RANGE GOALS: 1._____
2._____

INSTRUCTIONAL OBJECTIVES: 1._____
2._____
3._____
4._____
5._____
6._____

GROSS MOTOR:

LONG RANGE GOALS: 1._____
2._____

INSTRUCTIONAL OBJECTIVES: 1._____
2._____
3._____
4._____
5._____
6._____

SOCIAL:

LONG RANGE GOALS: 1. _____
2. _____

INSTRUCTIONAL OBJECTIVES: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

COGNITIVE:

LONG RANGE GOALS: 1. _____
2. _____

INSTRUCTIONAL OBJECTIVES: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SELF-HELP:

LONG RANGE GOALS: 1. _____
2. _____

INSTRUCTIONAL OBJECTIVES: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

area: "Sally will function at age level in the Self-Help Area". Now, a teacher cannot teach this the way it is stated. It is too general--it doesn't tell her what to teach. But there are many things that could be taught that would help Sally function at age level.

Some examples of tasks that would help Sally function at age level might be buttoning, washing hands and face, serving herself, and setting the table. The Self-Help Section of Sally's I.E.P. might then look like this:

SELF-HELP:

Long-Range Goal: Sally will function at age level in the Self-Help Area. Instructional Objectives:

1. Sally will independently button blouse and coat with 100% accuracy (buttons correctly aligned) on three consecutive days.
2. Sally will independently wash hands and face to the extent that when she is finished she does not soil the towel on 4 consecutive days.
3. Sally will independently use a knife for spreading soft butter without tearing the bread on two consecutive days.
4. Sally will independently serve herself family-style without appreciable spilling.
5. Sally will independently set her place at the table, all items in the correct location (plate, fork, knife, etc.) on three consecutive days.

The Individualized Education Plan is now taking shape. We are planning what to teach the child during the school year.

AM I READY TO BEGIN TEACHING?

Not yet! Remember again that we are talking about teaching handicapped children--children with special needs. Sometimes pre-school handicapped children need to learn "little chunks" at a time. A task such as buttoning a coat is made up of many smaller skills that make up a task. Pre-school handicapped children must be taught these smaller skills. They might not "just pick it up" on their own.

Let's again consider Sally's I.E.P. One instructional objective we have selected is buttoning her coat. We could "break this down" into smaller, easier to learn steps. For example (and depending upon her present skill level), we could begin by having Sally pick up poker chips and put them in a slot cut in the top of a plastic butter dish. From this activity we could have her pick up regular size buttons and put them in a smaller slot in the butter dish. After mastering this activity, we could work on buttoning on a button board, and finally work on buttoning a coat.

What we are trying to do is set up a situation where the child will be able to experience success and feel good about himself so that the child will learn and be more willing to enter into the next learning situation we present. The process of breaking down tasks can take two forms: (1) sequencing, and (2) task analysis. Part Three of this training manual will focus entirely on task analysis because of its importance. However, an example of task analysis will be presented so that the difference between the two (2) processes is more easily understood.

SEQUENCING

One way to make learning easier is called SEQUENCING. It is a way of going from the easiest task to the most difficult task. Let's look at an example.

You have assessed a child on an educational assessment instrument. Based on the findings, the following long-range goal and instructional objective is established.

LONG-RANGE GOAL: "Child will improve his school readiness skills."

INSTRUCTIONAL OBJECTIVE: "Child will be able to name the eight primary colors with 100% accuracy on five (5) consecutive days."

The teacher now knows what she wants to teach. The question is now HOW to teach it.

The sequence of activities begins with the easiest task, i.e., matching colors, and goes then to pointing to the correct color, then to naming that color.

The color naming is the most difficult. Each of the above can become an instructional objective for the child.*

Notice that the teaching may begin with something that appears totally unrelated to the instructional objective of naming colors. However, the child may need to begin instruction with an easier task and work up to the more difficult instructional objective. The process will eventually lead to the accomplishment of the instructional objective.

NOTE: PART III of the Learning Accomplishments Profile provides an excellent presentation of sequences for teaching various tasks.

TASK ANALYSIS

Another way to make learning easier is called TASK ANALYSIS. In task analysis, the task is broken down into its smallest component skills. Any task can be "broken down" into smaller skills through task analysis. An example may help to clarify the differences between sequencing and task analysis.

LONG RANGE GOAL: Child will improve his school readiness skills.

INSTRUCTIONAL OBJECTIVE: Child will be able to name the eight (8) primary colors with 100% accuracy on five (5) consecutive days.

SEQUENCE: Child will be able to identify (point to) the eight primary colors. (Let's assume for purposes of example that the child is already able to match all colors.)

TASK ANALYSIS OF THE SEQUENCE STEP:

1. Child will be able to identify the color "blue" with 100% accuracy on three (3) consecutive days.

* The sequence process can also be made the Procedure Section of the daily lesson plan.

2. Child will be able to identify the colors "red" and "blue" with 100% accuracy on three (3) consecutive days.
3. Child will be able to identify the colors "green", "red", and "blue" with 100% accuracy on three (3) consecutive days.
4. Child will be able to identify the colors "brown", "green", "red", and "blue" with 100% accuracy on three (3) consecutive days.

The task analysis would continue until all eight (8) colors were identified to criterion.

Each step would be taught until it was mastered. A low-functioning child may require a week or more for each step of the task analysis.

Sequencing and task analysis are not done for every child or for every task to be taught. Sequencing and task analysis are used when the child needs this. Task analysis can be done too much or too little. If done too little, the child will not learn and become frustrated or not learn as quickly as he could. If done too much, it will cause the child to be bored. Keeping records (data) will tell you if you are task analyzing too little or too much. (Part #3 of this manual will focus on record keeping and evaluation).

As a "rule of thumb" it is better to break a task down too much than not enough.

Experience with task analysis will be the best teacher for you. Through experiences, you will be better able to make decisions regarding the time to use these valuable tools.

WRITING BEHAVIORAL OBJECTIVES

So far in this section we have looked at setting long-range goals, instructional objectives, sequencing, and task analysis. You may have noticed that we have written the instructional objectives in a special way. This special way of stating an instructional objective is called a BEHAVIORAL

OBJECTIVE. Behavioral objectives are extremely important in providing individualized instruction. Only through statements of specific behaviors and level of accomplishment will the teacher know what to teach, and whether the child has learned what she wants him to learn.

I APPRECIATE IT!
I APPRECIATE IT!
Yes, I appreciate it!
Oh yes! I really appreciate it! I appreciate it!
I APPRECIATE it !!!
I love "ART Appreciation."
Charles Schultz

Let's look at some examples. What if your instructional objective is "Sally will appreciate art."

How will you teach art appreciation?

How will you know she appreciates art?

How will you know to what extent she appreciates art?

You can see the problems you will have if you do not use a behavioral objective. Unfortunately, many teachers continue to use vague teaching objectives. WHEN TEACHING HANDICAPPED CHILDREN YOU MUST USE BEHAVIORAL OBJECTIVES TO BE EFFECTIVE.

A Behavioral Objective Is:

1. Specific - Short and to the point. Could anyone understand it?
2. Observable - Can you see if the child does it? Does the objective use an action verb? Could anyone understand what you want the child to do?

3. Learner Oriented - The objective states what the child is to do, not what the teacher is to do. At the beginning of this chapter, I stated the objectives of this chapter. These are teacher objectives, not student objectives. They are not behavioral objectives.

4. Measurable - How much accuracy is required?

5. Time Referenced - Are there any time limits?

6. Written in Positive Terms - Does the objective state what you want the child to avoid or accomplish?

   POSITIVE: Child will look both ways before crossing the street.

   NEGATIVE: Child will stop running into the street without looking.

Here are some examples:

VAGUE OBJECTIVES - NO	BEHAVIORAL OBJECTIVES - YES
Knows the difference between "S" and "C".	Child will be able to match the letters "S" and "C" with 90% accuracy on two (2) consecutive days.
Appreciates Music.	Presented with three (3) classical music selections, child is able to identify Beethoven's Fifth Symphony two out of three trials.
Understands Number Concepts	Given ten (10) blocks, the child will be able to give the teacher (5), (4), and (2) blocks upon request with 100% accuracy.
Understands the concept "big"	Given a 7-inch diameter ball and a 3-inch diameter ball, child will point to the "big ball" upon request, 3 out of 4 trials.

Below are some activities that should help you learn to write behavioral objectives.

WRITING BEHAVIORAL OBJECTIVES: EXERCISE 1

Read the following behavioral objectives and then fill in the chart below. The first one is completed for you to serve as a model.

1. Given the command "eat", the child will pick up his/her spoon, scoop the food from the plate, bring it to his/her mouth with no spilling, and no assistance, 90% of the time.
2. Given the command "go to potty", the child will walk to the bathroom and eliminate in the toilet with no assistance on three consecutive days.
3. Child will string 5 one-inch beads within 5 minutes with only slight assistance.
4. Given the command "point to your nose, point to your ears, point to your eyes, and point to your mouth", the child will be able to correctly point to the requested body part 90% of the time.
5. The child, with the aid of crutches, will be able to walk a distance of 10 feet with 8 out of 10 trials correct.

	BEHAVIOR	CRITERIA	CONDITIONS
1.	Child will pick up spoon, scoop food from plate, bring it to mouth.	90% of the time.	Given the command "eat". No assistance
2.	Child will walk to bathroom & eliminate in toilet.		
3.			With only slight assistance.
4.			
5.			

WRITING BEHAVIORAL OBJECTIVES: EXERCISE 2

Using the information in the chart below, write Behavioral Objectives in the spaces provided. Notice that you will have to make up criteria and conditions for some of the objectives.

	BEHAVIOR	CRITERIA	CONDITIONS
1.	Roll over from back to stomach	80% correct responses	No assistance given command
2.	Unbutton coat	100%	After coming in from recess
3.	Point to the pictures of a car, boat, and train		Upon command
4.	Insert tape cassette into tape player	4 out of 5 trials	
5.	Throw a nerf ball over-hand		Into a wastebasket 10 ft. away

1. Given the command "roll over" child will roll over from back to stomach with no assistance 80% of the time.

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

When you first begin writing behavioral objectives, it is difficult and time consuming. I would recommend using the "Behavior", "Criteria", and "Condition" headings when you are practicing. After just a little practice, it becomes easy to write behavioral objectives.

DAILY LESSON PLANS

The last step in the planning process known as "programming" is the development of the daily lesson plan. This is not to be confused with the daily schedule that divides the day into activity periods. The daily lesson plan is the document that contains the plans for the day-to-day operation of the classroom. Included on the daily lesson plans are the activities that teach the skills, the materials to be used, and the prerequisite skills needed to succeed.

There is not just one way to write a daily lesson plan. The examples we provide have been found effective in our program and are examples only. Your needs may result in modification of the Daily Lesson Plan format. Refer to pages 48 and 49 and Appendix C page 111 for sample Lesson Plans.

Notice how the plan includes the behavior expected of the child (the instructional objective) and the behavior of the teacher (the procedure). If the teacher were to be absent, a substitute teacher would be able to continue with the child's education.

HOW DO TEACHERS COME UP WITH IDEAS FOR ACTIVITIES TO TEACH A SKILL?

I was always amazed at the creativity of the kindergarten teachers I had observed in classrooms. I used to think, "Wow, that's an incredibly interesting and fun activity that teaches auditory sequential memory (or some other skill)". I later found that the teachers I had observed used Activity Books to come up with these great ideas. Still later, I was disappointed to find that the teachers had no idea they were teaching auditory sequential memory skills.

The point is this, what the teacher teaches should be dependent upon the needs of the child, not what is "interesting" or "fun". This is not to say that fun and activity books have no value (or place) in the classroom. Rather, the activities selected from the book should facilitate the teaching of the instructional objectives.

Let's look at an example.

Based on the educational assessment findings, the teacher had selected the following as an instructional objective:

"Given a picture of a circle, square, and triangle, child will, upon request, name the three shapes with 100% accuracy on two consecutive days."

In order to teach this, the teacher cuts out a circle, square, and triangle, and names the shapes as she presents them to the group." The teacher then selects children to point to the correct shape as she names them. The teacher then takes a rope, 8 yards long, ties the two ends together and lays it on the floor to form a circle. The children walk around the rope and the teacher gives them the name of the shape. The children are then asked, "What is this shape?" The rope is then placed on the floor to form a triangle or square and the children run, hop, or skip around it with the teacher repeating her question.

So activities can be interesting and fun and directly related to the instructional objectives. I list a number of curriculum guides and activity books appropriate for pre-school (particularly handicapped) children in Appendix B, page 93.

It is important to point out that "motivational gimmicks" such as games, may distract some children and thereby interfere with learning. Some severely or multi-handicapped children will have to be taught some skills through drill, and not through game formats. Your multi-disciplinary team members will help you with these decisions if there are questions.

LESSON PLAN

CHILD/GROUP: Todd Smith GP. 6 EXAMINER: Donna Doe

CURRICULUM AREA: Cognitive

DATE INITIATED: December 7, 1977 DATE COMPLETED

OBJECTIVE: Child will stack 5 rings in order of increasing size on peg provided without assistance within one minute.

PURPOSE: To improve eye-hand coordination

PRE-REQUISITES: Well developed palmer grasp.

MATERIALS: Rings and peg

PROCEDURE: TASK ANALYSIS WILL BE USED

STEP 1: Examiner places first four rings on the peg. Child places the last ring on peg.

STEP 2: Examiner places first three rings on the peg. Child places the last two rings on peg.

STEP 3: Examiner places first two rings on peg. Child places the last three rings on peg.

STEP 4: Examiner places first ring on peg. Child places last four rings on peg.

STEP 5: Child places all rings on peg independently within 4 minutes.

STEP 6: Child places all rings on peg in order independently within 3 minutes.

STEP 7: Child places all rings on peg in order independently within one minute.

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LESSON PLAN

CHILD/GROUP: *Todd Smith 6 P. 3* EXAMINER: *Donna Doe*

CURRICULUM AREA: *Language*

DATE INITIATED: *November 7, 1977* DATE COMPLETED:

OBJECTIVE: *Presented with pairs of pictures of happy faces and sad faces, upon command, child will point to correct picture, 7 out of 8 trials.*

PURPOSE: *To teach the concept of "happy" and "sad" to facilitate Todd's emotional development.*

PRE-REQUISITES: *Average visual acuity*

MATERIALS: *Happy-Sad face cards, Peabody 2-A & B, 2-A & B, large mirror*

PROCEDURE: *Teacher will have a happy face and sad face from P. Mooney cards. Teacher will present the sad face and say, "This is a sad face". "This face is unhappy." While saying this, the teacher is making a sad face herself. The teacher then sits behind the child and both make sad faces in the mirror. The teacher may ask, "What kinds of things make us sad?" The teacher then presents the sad face and happy face pictures on the table. Teacher then asks, "Todd, point to the sad face". If he points to the correct picture, say, "Good boy, you pointed to the sad face!" Teacher then picks up the picture and "shuffles" them and returns them to the table. "Now, point to the sad face." Teacher repeats above procedure with the happy face picture.*

(To generalize this to other events--cut out magazine pictures of happy and sad children and use the above procedures. This is done only after the child can point to the correct Peabody card, 7 out of 8 trials, for two consecutive days)

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DISCUSSION QUESTIONS

1. Describe the purpose of educational programming.
2. What is the first step in the programming sequence?
3. Discuss sequencing and give an example of a learning sequence.
4. How is task analysis different from sequencing?
5. Why are behavioral objectives needed?
6. How do long-range goals differ from instructional objectives?
7. What are three (3) necessary "parts" of a behavioral objective?
8. How does the Daily Lesson Plan differ from the Daily Schedule?
9. How can activity books and curriculum guides be used effectively in the classroom?
10. How can curriculum guides be misused?

REFERENCE

Frostig, M. and Maslow, P., Learning Problems in the Classroom. New York: Grune and Stratton, 1973.

PART III

TASK ANALYSIS AND EVALUATION

In this section, we will focus our attention on TASK ANALYSIS, a part of programming, and EVALUATION, the last step in the individualized education process.

The objectives for this chapter include:

Defining Task Analysis

Presenting the components of that process known as Task Analysis

Presenting different procedures for Task Analysis

Presenting the purpose of Evaluation

Presenting different methods of Evaluation

Presenting examples of Evaluation.

In Part II of this manual, the task analysis process was introduced. In this chapter, task analysis will be presented in detail.

WHAT IS TASK ANALYSIS?

In general, task analysis is a term that is used to describe the process of "breaking down" tasks into their component skills. For example, driving a car with a standard transmission is a complex task. It includes many sub-skills from grasping the key to turning the wheel to pushing the brake. Shifting gears requires steering the car with the left hand, and at the same time, a smooth coordination of pushing in and releasing the clutch with the left foot, pushing and releasing the accelerator with the right foot and moving a shifting lever through a specific sequence with the right hand. The complex task requires mastering many skills.

Task Analysis can be defined more specifically as it relates to the education of pre-school handicapped children. Barbara Bateman (1971, p. 33) defines task analysis as, "the procedure of determining all of the sub-skills which lead to the performance of instructional objectives." In the last chapter, the example of naming the eight primary colors was given. Naming each of the eight primary colors makes up the total task of naming all eight primary colors.

WHAT IS THE PURPOSE OF DOING TASK ANALYSIS?

Task analysis is a way to make learning easier for the child. For many years, handicapped children were taught in the same manner as "normal" children. This resulted in handicapped children learning slowly or not at all, depending upon the severity of their handicapping condition. Now, through task analysis, the teacher can take a complex task and break it down into simple skills that a child can learn quickly regardless of degree of handicapping condition.

Marc Gold (1975) has presented a framework for looking at the task analysis process. Gold divides the task analysis procedure into three parts:

1. The Method - deciding the way the task is to be done.
2. The Content - deciding the steps needed to complete the task.
3. The Procedure - deciding the order of presentation of the steps.

Let's look at each of these in more detail.

I highly recommend the work of Marc Gold, (Try Another Way). His work is presented in a basic, interesting, clear, easy to understand manner. See references.

METHOD

The method section of a task analysis refers to the way in which a task is to be performed. There is usually more than one way to perform the same task. For example, a jacket can be put on in two ways. The conventional manner, in which the jacket is held by the collar with the right hand while inserting the left hand into the left sleeve, then brining the jacket around the back and inserting the right hand in the right sleeve. A second way to put on a jacket is to lay the jacket on a flat surface with the inside of the jacket facing up and the collar end of the jacket closest to the child. The child then places both arms in the sleeves at the same time, and lifts the jacket (arms inserted in sleeves) bringing the jacket over and then behind the head. The child extends his arms out to the sides and the jacket falls in place. Both ways are effective in putting on the jacket, and both ways are entirely different. The teacher must decide the method that will be used.

Another example would be deciding whether to use liquid soap or bar soap when teaching hand washing. When toilet training a male, the decision must be made as to whether the child will stand to urinate or sit to urinate. Again, both ways will work, but the way it is accomplished is different.

CONTENT

Once the method is decided, the second decision that must be made is how to divide up the task.

The teacher must decide two things: (1) what skills make up the task and (2) what size steps (skills) are appropriate for the child.

Let's first consider how to determine the skills. There are several ways to go about this. A teacher can do the task herself and thereby determine all of the behaviors she does and in what order she does them, and then write them down. Another way would be to observe someone else do the task and write down the steps. A third way would be to go to a published task

analysis guide and review the steps they have recorded there.

Even after the component skills have been specified and sequenced (which comes first, second, third, etc.), the teacher must decide on how large the steps should be for a particular child. For example, the complex task of tooth brushing can easily be divided into 22 steps. Each of the 22 steps are very small, and yet, for some children, each may need to be practiced for a week before the child masters it and moves on to the next step. Toothbrushing could also be divided into only 12 steps, which would make each step larger and possibly more difficult for the child. For some children, each of the 22 steps would be necessary if the child is to master the tooth brushing task. For other children, the 12 steps would be "just right", and speed learning.

Therefore, the number of steps selected (and therefore, the size and difficulty of the step) is dependent on the individual child's needs.

PROCEDURE

So far we have presented two decisions the teacher must make. They are: (1) deciding the way a task is to be performed (method) and (2) the determination of the skills (steps) that make up the task. Now there is a third decision the teacher must make before she begins to teach the child. That decision has to do with the procedure she will use to teach the child.

People who study learning have discovered that there are some special ways to increase speed of learning for handicapped children. There have been thousands of research papers and books written to explain these ways of increasing learning and the theories behind these methods. I am going to present the practical application of some of this research.

There are basically three ways to present the skills (steps) that were identified in the Content Section. These are called: (1) Forward Chaining, (2) Backward Chaining, and (3) Total Task.

Each of these will be presented separately and an example given for each.

BACKWARD CHAINING

When using a backward chaining approach, the teacher does all of the steps (decided upon during CONTENT) for the child except the last one. The child completes the last step.

For example, when teaching a child to put on a pull-over shirt, the last step is pulling the shirt down to the waist from the chest. So, the teacher would see that the shirt is over the head and both arms through the arm holes. The child then pulls the bottom of the shirt to the waist.

At least initially, the child will probably need to be helped with each new step. A lot of assistance is given at first and then reduced until the child completes the step himself. REGARDLESS OF WHETHER THE CHILD IS ASSISTED OR COMPLETES THE STEP INDEPENDENTLY, REWARD THE CHILD IMMEDIATELY AFTER COMPLETION OF THE STEP.

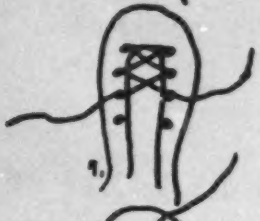
Below we present a task analysis that uses a backward chaining procedure.

VOCAL CUE: "Lace your shoe"

SHOE LACING

NOTES: All holes should be laced from the inside out.
It will be helpful to the child's continuance into the SHOE TYING PROGRAM if he uses a white and a black lace, laced so that the white lace ends up in the last hole in the right and the black lace ends up in the last hole on the left to be prepared for the tying program. (see illustration at top of tying program).
Laces must have plastic tips.

1-14 Child will complete the lacing of his shoe and pull laces tight when he is positioned with the shoe laced to the point at which: (See illustrations at left)



1. The last lace tip and 1½" of lace are through the last hole.
2. The last lace tip only is through the last hole.
3. The last lace tip is halfway through the last hole.
4. The last lace tip is just inside the last hole.
5. Only the last hole remains to be laced.
6. The last hole remains to be laced and the lace tip is just inside the second to the last hole.
7. The last pair of holes remains to be laced. (Child may be prompted by pointing to lace end and proper hole).
8. The last pair of holes remains to be laced. (Child must lace independently.)
9. The last two pair of holes remains to be laced.
10. The last three pair of holes remains to be laced.
11. The beginning pair of holes only are laced.
12. Only one of the beginning holes are laced.
13. Shoestring is lying next to shoe. (After the child has inserted the lace through the beginning holes, the teacher may help the child even the lace before the child completes lacing.
14. Shoestring is lying next to shoe. (Child evens lace himself before completing lacing.)
15. Child, when given a new lace for his shoe, can remove the old lace and replace it with the new lace within five minutes.
16. Child, when given a new lace for his shoe, can remove the old lace and replace it with the new lace within two minutes.
17. Child, when given a new lace for his shoe, can remove the old lace and replace it with the new within one minute.

PROCEDURE:

Position the child as indicated in the step, say "lace your shoe," and have the child complete the lacing of the shoe.

Developed by: B. Watts, D. Robertson, I. Sommers, L. Brown, P. Morris, M. Ploense, J. Gasparin, N. Laughery, J. Morris, P. LeBlond, T. Lysen, L. Grady

Lincoln Developmental Center, Lincoln, Illinois, 1976.

In the shoe lacing example above, notice how the child completes the task of lacing the shoe even with the first step. The child can feel that s/he has accomplished the task from the first step on.

There is another advantage to backward chaining. If a food/drink reward is used along with praise, you don't have to "fade" out the reward at each step. That is, the child always receives the reward when the last holes are laced and the laces pulled tight.

FORWARD CHAINING

The second procedure to be presented is called FORWARD CHAINING. In forward chaining, as the name implies, you begin with the first step, rather than the last step, and proceed forward. In forward chaining as in backward chaining, the child works on one step at a time until s/he masters it. You then move on to the next step in the sequence.

An example of forward chaining is provided to show this procedure.

VOCAL CUE: "Tie your shoe"

SHOE TYING

In steps 1-17, it is recommended that the child's shoe be laced with a white and a black shoestring, to aid his differentiation of the two strings as he attempts to tie them in a knot. Lace the shoe so that the white string is on the right side and the black lace is on the left side. (See above).

1. Child will pick up one string in each hand.
2. Child will pick up one string in each hand and pull laces tight.
3. Child will pick up one string in each hand, pull laces tight, and lay white string across his shoe top.
4. Child will pick up one string in each hand, pull laces tight, lay white string across his shoe top, then lay black string across his shoe top. (Crossing the laces to form an X).
5. Child will pick up one string in each hand, pull laces tight, lay white string across his shoe top, lay black string across shoe top, then tuck black string under white string (forming first knot).

6. Child will pick up one string in each hand, pull laces tight, tie first knot, and pull tight.
7. Child will tie first knot without releasing either string and pull tight.
8. Child will tie first knot without releasing either string, pull tight, then grasp the black string about 1½" up with his left thumb and index finger.
9. Child will tie first knot without releasing either string, pull tight, grasp the black string about 1½" up with his left thumb and index finger, then grasp the black string about 1½" higher between the thumb and index fingers of his right hand.
10. Child will tie first knot without releasing either string, pull tight, grasp the black string about 1½" up with his left thumb and index finger, grasp the black string about 1½" higher between the thumb and index fingers of his right hand, then move the thumb and index fingers of the right hand (still holding the string) to the base of the black string, grasping the base of the black string between the ball of the thumb and the index finger of the right hand. (forming the first loop).
11. Child will tie first knot without releasing either string, pull tight, form the first loop between the ball of his right thumb and his right index finger, then wrap the white string toward himself and over his thumb around the loop, and push the white string through the hole kept open by his thumb with his right forefinger. (forming the second loop)
12. Child will tie the first knot, pull tight, form the first loop, form the second loop, then grasp both loops and pull tight .
13. Child will tie his shoe independently, evening the size of both loops.
14. Child will tie his shoe independently with even loops within five minutes.
15. Child will tie his shoe independently with even loops within one minute.
16. Child will tie his shoe independently with even loops within ten seconds.
17. Child will tie his shoe independently with even loops within 10 seconds using two identical laces.

Developed by: J. Morris, N. Laughery, J. Gasparin, M. Ploense, P. Morris, L. Brown, I. Sommers, D. Robertson, B. Watts, P. LeBlond, T. Lysen, L. Grady

Lincoln Developmental Center, Lincoln, Illinois, 1976.

Notice in this example that the child goes through the same sequence that you go through when you tie your shoes. This task could have been taught through a backward chaining procedure. Had backward chaining been used, we would have begun instruction with "pulling loops tight" and moving backward through the steps.

TOTAL TASK

The third type of procedure used to teach handicapped children is called the TOTAL TASK procedure. In this procedure, the method is selected, the steps specified and sequenced, but the entire task is taught at once. For example, toilet training a child basically involves three parts: (1) identifying the feeling of a full bladder, (2) approaching the bathroom, and (3) use of bathroom. It would be ridiculous to use a backward chaining approach in this instance!!! A forward chaining procedure could be used, but would be cumbersome. The most practical approach would be to lead the child to the bathroom *, assist the child with clothing down, wait, assist with clothing up, leave the bathroom. Now there may be steps within the total task the child will be unable to do. These steps can be "pulled out", broken down further, and practiced outside the total task. Once these steps are mastered, they can be put back into the total task as mastered steps. For example, let's say the child can approach the bathroom, open the door, unfasten necessary clothing, but has difficulty with snapping and/or buckling a belt. The snapping and buckling can be task-analyzed further and practiced. The child will then be able to complete the toileting task independently.

Another example of a total task procedure might be handwashing. Handwashing could be taught by a forward chaining procedure, but a total task approach may be more appropriate for some children. The child may be physically guided ** (See footnote on following page) through the steps the first few times and rewarded. The assistance is gradually reduced to an occasional prompt (cue) and the child is able to complete task except turning on/off faucets. If the faucets cannot be modified, extra work on faucets

* The child may signal a need to use the bathroom or is on a time interval schedule based on "baseline" information.

could be arranged so the child can complete the total handwashing task.

The following summarizes the task analysis process.

Based on results of the educational assessment instrument, an instructional objective was selected.

1. The teacher then decides the way the task is to be performed. This is called the method.

2. The teacher must determine the steps (skills) that make up the task and the number and size of steps most appropriate for the child. This is called the content.

3. The teacher must then decide what procedure to use to present the steps outlined in No. 2 above.

   (a) Backward Chaining

   (b) Forward Chaining

   (c) Total Task

The teaching process is not complete without an evaluation of the effectiveness of the method, content, and procedures selected.

The next section will focus on the evaluation process.

** When working with special needs children, it is important to understand that many forms of assistance can be used. Assistance can range from physical manipulation to a verbal cue. Physical guidance is where the teacher actually does the task, but uses the child's hand to do the task. For example, in teaching spoon feeding, the teacher would "wrap the child's hand around the spoon" and then with her hand around the child's, guides the spoon to the mouth of the child. Once the grasping is mastered, the teacher could reduce the assistance to gently guiding the child's movements by holding at the child's wrist. The teacher could reduce even further by only touching the forearm when movement is required. Assistance could be reduced further to gesture or verbal cue (a reminder of what to do).

EVALUATION

Evaluation is a process of collecting and interpreting information relative to the child's performance on the tasks presented. The purpose of evaluation is to determine whether or not the child is learning what we are trying to teach. It is only through evaluation that the teacher can determine if the child has mastered the instructional objective. If the child has mastered the objective, she will move on to the next objective. If the child is not learning the objective, she must modify her teaching methods in some way so the child will be able to learn.

WHAT IS LEARNING?

If we are going to determine if learning is taking place, we need to define learning. Learning is commonly defined as a relatively permanent change in behavior brought about through reinforced practice or experience. It is only through an observed change in behavior that learning can be inferred. For example, a child comes to the classroom and cannot name the eight primary colors. After the teacher teaches the child, the child can name the eight primary colors. There has been a change in behavior. This is why the behavioral objectives presented in Part II of this manual are so important. Remember that we stated a behavioral objective is specific, observable, measurable, and learner oriented. When the instructional objectives meet these criteria, we are able to determine whether the child is learning.

HOW WILL I KNOW WHAT INFORMATION TO COLLECT AND INTERPRET?

The way the instructional objective is written will determine the information the teacher will collect. For example, if the objective is "Sally will independently button her coat 4 out of 5 trials on two consecutive days", the teacher knows to count the number of times Sally buttons her coat. It is

therefore important to write behavioral objectives with appropriate criteria. The example of Sally above is called "Frequency Count" data.

WHAT ARE SOME OTHER KINDS OF DATA I MIGHT WANT TO COLLECT?

Behavioral Objectives can be written in many different ways, depending on what behavior the teacher is trying to change. Some examples will be presented here.

PERCENT: Sometimes it is better to state a behavioral objective in terms of percent, rather than a fixed number. For example, "Child will correctly identify the eight primary colors 90% of the time." To do this, you follow this procedure:

1. Count the number of times the child exhibits the target behavior.
2. Count the number of times the child was requested to perform (or attempted to perform) the target behavior.
3. Divide the number correct by the number of times the child was requested to perform the task.
4. Multiply the answer in (3) above by 100. This will give you the percentage.

DURATION: Sometimes it is more important to know how long a behavior occurs rather than the number or percentage of correct responses. For example, "Child will be able to stay in his seat, both feet on floor, for two minutes." In this example, we are not attempting to teach a "new" behavior, we want the behavior to last longer. A stop watch is needed to keep the correct time.

LATENCY: There will be other times when the child can perform the task but doesn't perform the task at the right time. For example, the child is requested to do something and waits five minutes to comply. We want the child to comply more quickly. An example might be, "Given the comman, 'Shirt off', the child will begin taking the shirt off within 30 seconds". Another example might be, "Given the command, 'Come to dinner', child will be seated at table within 45 seconds".

There are other ways to record data, but they are not commonly used in a normal pre-school setting. For a more complete, but basic, presentation of recording systems, see Hall (1971) in References.

WHERE DO I RECORD THIS INFORMATION?

The child's performance is recorded daily as soon as a trial is given. The information can be recorded on a 3 X 5 card or on a special data form developed specifically for the lesson to be taught.

Let's look at an example:

Through assessment, it is found that four children need special help on buttoning. The teacher writes the following behavioral objective: "Given the command 'Button your coat', child will independently button his/her coat, 4 out of 5 trials on 2 consecutive days." The following data card is developed to "keep track" of the children's performance.

EVALUATION

CODE OF RESPONSE: NR - No Response
+ - Passed Independently
MP - Maximum Prompt
LP - Little Prompt
A - Absent

DATE																				
	Trials					Trials					Trials					Trials				
NAME	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Jerry C.																				
Marty B.																				
Sherry M.																				
Carrie S.																				

The information recorded on the card provides the teacher with the information she needs to make important decisions regarding the effectiveness of her teaching strategy. The information recorded will show the teacher who is learning and who is not learning and the speed at which the children are learning.

If the teacher continues to see MP for a child, the child is not learning. If she sees a progression of MP to LP to + on the record form, she can see that the child is learning the task.

WHAT HAPPENS IF A CHILD IS NOT LEARNING?

This is a question that is not easily answered. Many teachers have had the tendency to change (or drop) the instructional objective when a child does not begin to master the task. This is usually inappropriate. Changing the objective is the "last resort". When one changes the objective first, the teacher puts the responsibility of failure on the child. The teacher is saying, "Well, I tried, but the child can't learn this." The teacher should look at herself/himself first.

Let's consider some alternatives the teacher has available to her when a child is not learning the task.

1. The teacher should first consider the activities she selected for teaching the task or skill. Would different activities facilitate learning? Did the children get so excited because of the activity that it interfered with the learning of the concept or skill to be taught? Were the activities directly related to the instructional objective?

2. The teacher should then consider whether the task needs to be task analyzed. Maybe the task is too complex and should be broken down into its component parts. If the task analysis has already been done, maybe the steps should be broken down into even smaller skills. Perhaps the child was doing fine with a task analysis until s/he got to one step, and could not master it. If this happens, that particular step must be broken down further into smaller steps. Once mastered, the child proceeds through the remaining steps.

3. If task analysis was done, the steps may be small enough, but the "procedure" (i.e., backward chaining, forward chaining, total task) selected was inappropriate. In this situation, the teacher would

next go back and rewrite her lesson plan to include a more appropriate procedure.

4. The teacher would change the instructional objective only after the first three alternatives have been considered. If the child is still not learning after trying the first three alternatives, another instructional objective should be selected.

SUGGESTED ACTIVITIES:

1. Have teachers form groups of three. Assign each group the same task to analyze. Each group develops a task analysis for the task assigned. The groups compare the steps they developed. Tasks may include taking off a jacket, folding a piece of paper, opening a milk carton.

2. After developing a task analysis, including selection of a procedure, a teacher is selected to perform the task as each step is read aloud to her. She must follow the directions exactly as presented.

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Lerner, J. Children With Learning Disabilities. Boston: Houghton-Mifflin, 1971.

Morris, R. Behavior Modification With Children. Cambridge, Mass.: Winthrop Publishers, Inc. 1976.

Popham, W. Criterion Referenced Instruction. Belmont, California: Fearon Publishers, 1973.

Helpful resource for Published Task Analyses: The California Project
1455 Response Road
Suite 138
Sacramento, CA 95818

SUGGESTED FILM

Try Another Way
Training Series

1. Task Analysis Overview
2. Content Task Analysis
3. Formats for Single Pieces of Learning
4. Format for Multiple Pieces of Learning
5. Feedback - General Issues
6. Feedback - Specific Issues
7. Reinforcement

Available through: Film Productions of Indianapolis
123 East 36th Street
Indianapolis, Indiana 46205
317:924-5163

APPENDIX A

SAMPLES OF EDUCATIONAL ASSESSMENT INSTRUMENTS

APPENDIX A

NAME:	Portage Guide to Early Education
ORIGINATOR:	The Portage Project CESA 12, Box 564 Portage, Wisconsin
COST:	Complete kit (contains card file and 15 checklists) $32.00 + shipping. Additional checklists: 15 checklists for $6.50 + shipping.
FORMAT:	1. A checklist of behaviors booklet 2. A card file containing curriculum ideas. Both are color-coded and divided into five developmental areas: cognitive, self-help, motor, language, and socialization. Behaviors and activities are sequentially listed in each category. It can help you assess present behaviors, target emerging behaviors, and set up activities to teach each behavior. This "kit" is a guide as each user can adapt the program to the needs of the child.
AGE APPLICABILITY:	0 to 6 years
DEGREE OF HANDICAP:	Mild to moderate culturally, mentally, and physically handicapped.

Age Level	Item	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Sucks and swallows liquid		/ /	
	2	Eats liquified foods, i.e. baby cereal		/ /	
	3	Reaches for bottle		/ /	
	4	Eats strained foods fed by parent		/ /	
	5	Holds bottle without help while drinking		/ /	
	6	Directs bottle by guiding it toward mouth or by pushing it away		/ /	
	7	Eats mashed table foods fed by parent		/ /	
	8	Drinks from cup held by parent		/ /	
	9	Eats semi-solid foods fed by parent		/ /	
	10	Feeds self with fingers		/ /	
	11	Holds and drinks from cup using two hands		/ /	
	12	Takes spoon filled with food to mouth with help		/ /	
	13	Holds out arms and legs while being dressed		/ /	
1-2	14	Eats table food with spoon independently		/ /	
	15	Holds and drinks from cup with one hand		/ /	
	16	Puts hands in water and pats wet hands on face in imitation		/ /	
	17	Sits on potty or infant toilet seat for 5 minutes		/ /	
	18	Puts hat on head and takes it off		/ /	
	19	Pulls off socks		/ /	
	20	Pushes arms through sleeves, legs through pants		/ /	
	21	Takes off shoes when laces are untied and loosened		/ /	
	22	Takes off coat when unfastened		/ /	
	23	Takes off pants when unfastened		/ /	
	24	Zips and unzips large zipper without working catch		/ /	
	25	Uses words or gestures indicating need to go to bathroom		/ /	
2-3	26	Feeds self using spoon and cup with some spilling		/ /	
	27	Takes towel from parent and wipes hands and face		/ /	

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Age		Behavior	Entry Behavior	Date Achieved	Comments
	55	Wipes nose when reminded		/ /	
	56	Wakes up dry two mornings out of seven		/ /	
	57	Males urinate in toilet standing up		/ /	
	58	Initiates and completes dressing and undressing except fasteners 75% of time		/ /	
	59	Snaps or hooks clothing		/ /	
	60	Blows nose when reminded		/ /	
	61	Avoids common dangers (i.e., broken glass)		/ /	
	62	Puts coat on hanger and replaces hanger on low bar with instructions		/ /	
	63	Brushes teeth when given verbal instructions		/ /	
	64	Puts on mittens		/ /	
	65	Unbuttons large buttons on button board or jacket placed on table		/ /	
	66	Buttons large buttons on button board or jacket placed on table		/ /	
	67	Puts on boots		/ /	
4-5	68	Cleans up spills, getting own cloth		/ /	
	69	Avoids poisons and all harmful substances		/ /	
	70	Unbuttons own clothing		/ /	
	71	Buttons own clothing		/ /	
	72	Clears place at table		/ /	
	73	Puts zipper foot in catch		/ /	
	74	Washes hands and face		/ /	
	75	Uses correct utensils for food		/ /	
	76	Wakes from sleep during night to use toilet or stays dry all night		/ /	
	77	Wipes and blows nose 75% of the time when needed without reminders		/ /	
	78	Bathes self except for back, neck, and ears		/ /	
	79	Uses knife for spreading soft toppings on toast		/ /	
	80	Buckles and unbuckles belt on dress or pants and shoes		/ /	
	81	Dresses self completely, including all front fastenings except ties		/ /	

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PortageGuide

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Age		Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Reaches for object 6-9 inches in front of him		/ /	
	2	Grasps object held 3 inches in front of child		/ /	
	3	Reaches and grasps object in front of him		/ /	
	4	Reaches for preferred object		/ /	
	5	Puts objects in mouth		/ /	
	6	Head and chest supported on arms while on stomach		/ /	
	7	Holds head and chest erect supported on one arm		/ /	
	8	Feels and explores object with mouth		/ /	
	9	Turns from stomach to side, maintains position 50% of the time		/ /	
	10	Rolls from stomach to back		/ /	
	11	Moves forward one body length on stomach		/ /	
	12	Rolls from back to side		/ /	
	13	Turns from back to stomach		/ /	
	14	Pulls to sitting position when grasping adult's fingers		/ /	
	15	Turns head freely when body is supported		/ /	
	16	Maintains sitting position for two minutes		/ /	
	17	Puts down one object deliberately to reach for another		/ /	
	18	Picks up and drops object on purpose		/ /	
	19	Stands with maximum support		/ /	
	20	Bounces up and down in standing position while being supported		/ /	
	21	Crawls one body length to obtain object		/ /	
	22	Sits self supported		/ /	
	23	From sitting position, turns to hands and knees position		/ /	
	24	Moves from stomach to sitting position		/ /	
	25	Sits without hand support		/ /	
	26	Flings objects haphazardly		/ /	
	27	Rocks back and forth on hands and knees		/ /	

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Age Exp.	Card	Behavior	Entry Behavior	Date Achieved	Comments
	136	Jumps up and pivots on one foot		/ /	
	137	Prints name on primary paper using lines		/ /	
	138	Jumps from height of 12 inches and lands on balls of feet		/ /	
	139	Stands on one foot, no support, eyes closed, 10 seconds		/ /	
	140	Hangs 10 seconds from horizontal bar bearing own weight on arms		/ /	

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NAME: LAP - Learning Accomplishment Profile

ORIGINATOR: Anne R. Sanford
Chapel Hill Training-Outreach Project
Lincoln Center
Chapel Hill, North Carolina

COST: $2.00 per booklet

FORMAT:

1. Booklet - One booklet per child

   Divided into three sections:

   Section I - A scale of developmentally appropriate behaviors that provide a basis for an evaluation of a child's existing skills in 6 areas. The areas are: Gross Motor, Fine Motor, Social, Self-Help, Cognitive, and Language.

   Section II - A scale that "breaks down" unlearned skills to individual steps to guide the teacher in planning her sequencing in the learning program. Also in this section is a system of recording child's progress.

   Section III - 44 units of weekly themes assist teachers in programming sequential learning experiences and recording individual pupil accomplishment in each unit.

AGE APPLICABILITY: 0 - 6 years.

DEGREE OF HANDICAP: Mild to moderate culturally, mentally, or physically handicapped.

(L A P) G R O S S M O T O R Learning Accomplishment Profile

Bibliog. Source	Behavior	Age (Dev.)	Assessment Date		Date of Achievement	Comments (Criteria, materials, problems, etc.)
2	Lifts head when held at shoulder	1 mo.	*			
2	Lateral head movements	1 mo.				
2	Prone--makes crawling movements	1 mo.				
9	Prone--lifts head momentarily	1 mo.				
2	Turns from side to back	2 mos.				
9	Held sitting, head position predominantly erect	2 mos.				
8	Rolls over	3 mos.				
9	Held standing, lifts foot	3 mos.				
8	Pulls to sit--no head lag	4 mos.				
2	Turns from back to side	4 mos.				
8	Sit without support	5 mos.				
8	Stands, holding on	6 mos.				
8	Pull self to stand	8 mos.				

* Mark + for positive demonstration of skill
Mark - for negative demonstration of skill

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(L A P) GROSS MOTOR Learning Accomplishment Profile

Biolog. Source	Behavior	Age (Dev.)	Assessment Date		Date of Achievement	Comments (criteria, materials, problems, etc.)
9	Skip on one foot	36-48 mos.			09/20/76	With two other children and teacher
9	Stand on one foot 4 to 8 seconds	36-48 mos.				
8-13	Hop on one foot	36-48 mos.				
9	Balance on one foot for 10 seconds	36-48 mos.				
13	Climbs ladders and trees	48-60 mos.				
8	Walk backward - heel-toe	56 mos.				
13	Run lightly on toes	60-72 mos.				
9-13	Skip on alternate feet	60-72 mos.				
10	Can jump rope	60-72 mos.				
9	Use overhead ladder	60-72 mos.				
13	Dance to music	60-72 mos.				
6-10	Roller-skate	60-72 mos.				
13	Hop 2-3 yds. forward on ea. foot separately	60-72 mos.				
9	Walking board: 6 cm. board, without stepping off for full length	60 mos.				
9	Jump from height of 12", landing on toes only	60-72 mos.				

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(L A P) S E L F - H E L P Learning Accomplishment Profile

Bibliog. Source	Behavior	Age (Dev.)	Assessment Date	*	Date of Achievement	Comments (Criteria, materials, problems, etc.)
3	Picks up spoon	5 mos.				
2	Lifts cups with handle	6 mos.				
8	Feeds self cracker	6 mos.				
13	Holds, bites and chews biscuit	9 mos.				
9	Drinks from cup when held (some spilling)	11 mos.				
9	Finger-feeds self for part of meal	12 mos.				
9	Fusses to be changed after B-M	12 mos.				
9	Usually dry after nap	12 mos.				
9	Enjoys taking off hat, shoes, pants	12 mos.				
8	Holds spoon, brings to mouth, licks it	14 mos.				
13	Indicates wet pants	15 mos.				
9	Has bowel control	15 mos.				
8	Uses spoon, spilling little	16 mos.				

* Mark + for positive demonstration of skill.
Mark - for negative demonstration of skill.

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(L A P) S E L F - H E L P Learning Accomplishment Profile

Bibliog. Source	Behavior	Age (Dev.)	Assessment Date *		Date of Achievement	Comments (Criteria, materials, problems, etc.
9	Dries face and hands	42 mos.				
13	Eats with fork and spoon	36-48 mos.				
9	Can carry breakable objects	36-48 mos.				
6	Cares for self at toilet	45 mos.				
13	Undresses self except for back buttons, laces, and ties	48-60 mos.				
6	Goes about neighborhood unattended	48-60 mos.				
9	Laces shoes	48-60 mos.				
9	Distinguishes front & back of clothing	48-60 mos.				
6	Dresses self except tying	48-60 mos.				
10	Can cut with a knife	48-60 mos.				
11	Buttons 4 buttons					
6	Washes face and hands unassisted	54 mos.				

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* Mark + for positive demonstration of skill
Mark - for negative demonstration of skill

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(LAP) S E L F - H E L P Learning Accomplishment Profile

Bibliog. Source	Behavior	Age (Dev.)	Assessment Date		Date of Achievement	Comments (Criteria, materials, problems, etc.)
10	Can brush and comb hair unassisted	60-72 mos.	*			
9	Uses bathroom unassisted	60-72 mos.				
10	Puts toys away neatly in box	60-72 mos.				
9	Dresses and undresses alone	60-72 mos.				
9	Crosses street safely	60-72 mos.				
9	Ties shoe lace	72 mos.				

* Mark + for positive demonstration of skill
Mark - for negative demonstration of skill

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NAME: Pennsylvania Training Model Educational Planning System

ORIGINATOR: Pennsylvania Department of Education
Ellen Sommerton-Fair
Slippery Rock College
Slippery Rock, Pa.

COST: (Temporarily out-of-print. Revised edition is expected to be available in early 1979.

FORMAT: Booklet containing four sections.

Section I — General assessment in major areas (Sensory Development, Motor Development, Activities of Daily Living, Communication, Perceptual Cognitive, Social, and Emotional Development.)

Section II — Competency Checklist is for specific areas. Example: auditory discrimination. The checklist is used to observe the behavior of a child and record that behavior.

Section III — Individual Prescriptive Planning Sheet. This section is used after a certain competency is selected for further task analysis. There are 5 parts to the planning sheet for recording behaviors of child. In actuality, this is the place to write behavioral objectives and lesson plans.

Section IV — Continuous Data Charts. This section shows 3 types of tables teachers use to show behavior "trends" through the charting of correct or incorrect behavior.

AGE APPLICABILITY: No age range but skills taught are those that normal children may acquire by age one.

DEGREE OF HANDICAP: Severely and profoundly retarded and multiply handicapped.

COMPETENCY CHECKLIST

Pennsylvania Training Model

NAME_____ EDUCATIONAL FACILITY_____

DATE_____ EDUCATOR_____

Instructional Unit FEEDING - DRINKING Self-Care Development

Criterion: 0 No Competency (0% correct response)
1 Moderate Competency (25% correct response)
2 Adequate Competency (75% correct response)
3 Complete Competency (100% correct response)

___ 1. Child opens mouth when physically stimulated.
___ 2. Child closes mouth when physically stimulated.
___ 3. Child takes fluid from a dropper while in a reclining position.
___ 4. Child retains liquid in mouth without dribbling.
___ 5. Child swallows when stimulated externally.
___ 6. Child swallows independently.
___ 7. Child performs sucking reflex indiscriminately.
___ 8. Child performs sucking reflex with oral stimulation.
___ 9. Child sucks fluids from nipple.
___ 10. Child reaches in direction of bottle (nipple) with mouth when being fed.
___ 11. Child moves jaw up and down in response to adult's three finger feeding control.
___ 12. Child moves jaw up and down independently.
___ 13. Child moves tongue in lateral movement when stimulated.
___ 14. Child moves tongue in lateral movement independently.
___ 15. Child simultaneously moves jaw up and down and tongue in lateral movement.
___ 16. Child opens mouth voluntarily at sight of spoon.
___ 17. Child opens mouth and voluntarily takes pureed food from spoon with upper lip.
___ 18. Child opens mouth and coordinates lips to remove food from a spoon.

___
___

___ 61. Child grasps spoon with aid of adult.
___ 62. Child balances food on spoon with aid of adult.
___ 63. Child brings food to mouth with aid of adult.
___ 64. Child holds spoon and brings food to mouth guided by adult.
___ 65. Child lifts food on spoon to mouth independently.
___ 66. Child inserts spoon in mouth turning spoon.
___ 67. Child inserts spoon in mouth keeping bowl straight.
___ 68. Child places spoon in dish with aid of adult.
___ 69. Child places spoon in dish guided by adult.
___ 70. Child places spoon in dish independently.
___ 71. Child scoops small amount of food onto spoon with aid from adult.
___ 73. Child scoops small amount of food onto spoon using bowl as guide edge.
___ 74. Child independently scoops small amount of food from plate w edge.
___ 75. Child scoops sm. amt. of food onto spoon independently using dominant hand.

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COMPETENCY CHECKLIST
Pennsylvania Training Model

NAME _____ EDUCATIONAL FACILITY _____

DATE _____ EDUCATOR _____

Instructional Unit GROSS MOTOR Motor Development

Criterion: 0 No Competency (0% correct response)
1 Moderate Competency (25% correct response)
2 Adequate Competency (75% correct response)
3 Complete Competency (100% correct response)

____	1.	Relax spasticity (if not applicable - score 2).
____	2.	Correct body alignment.
____	3.	Direct body movement.
____	4.	Increase voluntary movement on the part of the child.
____	5.	Extend child's arms.
____	6.	Open child's hands.
____	7.	Physically direct child to touch objects.
____	8.	Physically direct and assist child in clutching objects.
____	9.	Physically direct and assist child in grasping objects.
____	10.	Physically direct and assist child to pick up and hold objects.
____	11.	Child moves head in direction of stimulation.
____	12.	Child turns head in prone position.
____	13.	Child lifts head in prone position.
____	14.	Child lifts head and shoulders in prone position.
____	15.	Child assumes elbow rest.
____	16.	Child sits with support.
____	17.	Child side sits with assistance.
____	18.	Child side sits unassisted.
____	19.	Child brings self to a sitting position with assistance.
____	20.	Child brings self to a sitting position without assistance.
____	30.	Child assumes creeping position.
____	31.	Child gets on hands and knees and rocks.
____	32.	Child exhibits ability to move arms and legs in left-right progression with directed movement.
____	33.	Child creeps on hands and knees.
____	34.	Child allows self to be brought to a standing position.
____	35.	Child brings self to a standing position with assistance.
____	36.	Child brings self to a standing position unassisted.
____	37.	Child stands with support.
____	38.	Child maintains balance in the standing position.
____	39.	Child cruises sideways with assistance.
____	40.	Child cruises sideways without assistance.
____	41.	Child moves legs and arms in left-right progression.
____	42.	Child walks with assistance.
____	43.	Child walks without assistance.
____		Total

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C O M P E T E N C Y C H E C K L I S T
Pennsylvania Training Model

NAME_____ EDUCATIONAL FACILITY_____

DATE_____ EDUCATOR_____

Instructional Unit T O I L E T I N G Self-Care Development

Criterion: 0 No Competency (0% correct response)
1 Moderate Competency (25% correct response)
2 Adequate Competency (75% correct response)
3 Complete Competency (100% correct response)

_____ 1. Child exhibits movement in response to physical stimulus by others.
_____ 2. Child demonstrates a reaction to stimulation in genital area.
_____ 3. Child responds to warm water in genital area.
_____ 4. Child responds to manual stimulation on external & internal thighs.
_____ 5. Child is capable of chewing and swallowing finest chopped food.
_____ 6. Child is capable of chewing and swallowing chopped food.
_____ 7. Child is capable of chewing and swallowing bite-sized food.
_____ 8. Child is using bottle at frequent times for fluid intake.
_____ 9. Child is using bottle to supplement nutritional level, and is not dependent upon it as the sole source of sustenance.
_____ 10. Child is using bottle or glass for satisfaction of thirst.
_____ 11. Child produces a solid stool once or twice a day.
_____ 36. Gestures toilet needs.
_____ 37. Moves to toilet unattended.
_____ 38. Child grasps waistband of pants with palmer movement with thumb inside the band.
_____ 39. Child pushes outer pants to knee level.
_____ 40. Child grasps band of underpants with thumb inside the band, on each side, and pulls up.
_____ 41. Child pulls up outer pants in same manner as underpants.
_____ 42. Child cares for personal cleanliness in bathroom.
_____ 43. Child uses toilet appropriately and independently.

_____ Total

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COMPETENCY CHECKLIST
Pennsylvania Training Model

NAME _____ EDUCATIONAL FACILITY _____

DATE _____ EDUCATOR _____

Instructional Unit **DRESSING** Self-Care Development

Criterion:
0 No Competency (0% correct response)
1 Moderate Competency (25% correct response)
2 Adequate Competency (75% correct response)
3 Complete Competency (100% correct response)

____ 1. Child pulls sock off when it is just over his toes.
____ 2. Child pulls sock off when it is placed at his mid-foot.
____ 3. Child pulls sock off when it is positioned at the heel.
____ 4. Child pulls sock off when it is around the ankle.
____ 5. Child removes sock independently.
____ 6. Child pulls sock on from ankles.
____ 7. Child pulls sock on from heel.
____ 8. Child pulls sock on from mid-foot.
____ 9. Child pulls sock on from when they have been placed just over toes.
____ 10. Child puts sock on independently.
____ 11. Child takes pants off when just one foot is in pant leg and the pants are down by ankles.

____ 58. Child puts coat on independently.
____ 59. Child unsnaps when hands are positioned properly.
____ 60. Child unsnaps independently.
____ 61. Child snaps when top snap is positioned on bottom but not fastened.
____ 62. Child snaps independently.
____ 63. Child unzips zipper when zipper is 3/4 of the way down.
____ 64. Child unzips zipper when zipper is halfway down.
____ 65. Child unzips independently.
____ 66. Child zips when zipper is 3/4 of the way up.
____ 67. Child zips when zipper is halfway up.
____ 68. Child zips when zipper is 1/4 of the way up.
____ 69. Child zips independently.
____ 70. Child unbuttons when button is 3/4 of the way through buttonhole.
____ 71. Child unbuttons when button is halfway through buttonhole.
____ 72. Child unbuttons independently.
____ 73. Child buttons when button is 3/4 of the way through the buttonhole.
____ 74. Child buttons when button is halfway through buttonhole.
____ 75. Child buttons independently.

____ Total

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NAME: B C P - Behavioral Characteristics Progression

ORIGINATOR: Santa Cruz Special Education Management Project

COST:

Booklet	$9.85		
Charts (Set of 3)	4.35	Binder	$10.95

FORMAT:

1. BCP Observation Booklet
   a. 6 students per booklet
   b. all information from booklet goes on chart

2. A nonstandardized continuum of behaviors in chart form. Ages and labels have been discarded and behavioral characteristics are grouped in categories called BEHAVIOR STRANDS.

   a. strands go from 1.0 (primary characteristics) and can get as high as 50.0 (appropriate adult behavior). May order strands separately.
   b. the BCP has "identifying behaviors" describing some of the handicapping behaviors which exceptional children might display in each of the behavioral strands.

3. BCP Binder - for use with those pupils who need assessment and instruction on only a few BCP strands. The individualized format of the binder helps teachers work on only those strands most appropriate for each pupil.

4. Learner Objectives Worksheet: clerical staff can complete this step by transferring all information on BCP to this form. It includes:

   a. pupil's name
   b. strand
   c. number and description of objective
   d. estimated date of success of objective
   e. any particular methods or materials used to attain the objective

AGE APPLICABILITY: As the BCP has no age levels or labels, this assessment tool can be used for young children up to young adults in all ranges of handicapping conditions.

DEGREE OF HANDICAP: Due to the fact the BCP is comprehensive, the tool can be used for assessing mild to severely handicapped persons.

BEHAVIORAL CHARACTERISTICS PROGRESSION

STRAND	DEFINITION*
1. HEALTH	Demonstrating a minimum of symptoms of problem health behaviors
2. ATTENDANCE/PROMPTNESS	Attending school and class regularly and promptly
3. FEEDING/EATING	Ingesting or consuming solids through mouth
4. DRINKING	Ingesting or consuming liquids through the mouth
5. TOILETING	Using the toilet and maintaining hygienic conditions associated with the toilet
6. GROOMING	Maintaining clean and neat conditions of the body
7. DRESSING	Clothing of oneself and wearing clothing
8. UNDRESSING	Unclothing of oneself and placing/disposing of worn clothing
9. NASAL HYGIENE	Maintaining hygienic and socially acceptable conditions of the nose and nasal passages
10. ORAL HYGIENE	Maintaining and caring for the mouth, teeth, and other oral components
11. SELF-IDENTIFICATION	Locating one's body parts and oneself in space, information pertaining to oneself, one's family, school, friends, and home
12. SENSORY PERCEPTION	Discriminating stimuli based upon touch, smell, and taste
13. AUDITORY PERCEPTION	Discriminating stimuli based upon sound cues
14. VISUAL MOTOR I	Pursuing visual stimuli in coordination with small muscle movements of the hand
15. VISUAL MOTOR II	Demonstrating advanced eye-hand coordination with small muscle movements of the hand
16. GROSS MOTOR I	Demonstrating mobility, eye-limb coordination and balance using large muscle groupings
17. GROSS MOTOR II	Demonstrating team sport skills, fitness, agility, mobility, eye-limb coordination and balance using large muscle groupings

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BEHAVIORAL CHARACTERISTICS PROGRESSION

	STRAND	DEFINITION*
18.	PRE-ARTICULATION	Using the mouth, jaw, lips. tongue, teeth, and diaphragm in a controlled manner
19.	ARTICULATION	Pronouncing all vowel and consonant sounds in meaningful and nonmeaningful combinations
20.	LANGUAGE COMPREHENSION	Demonstrating understanding of communication
21.	LANGUAGE DEVELOPMENT	Using gestures, sounds, and words to communicate
22.	LISTENING	Attending and reacting to verbal communication
23.	ADAPTIVE BEHAVIORS	Exploring new situations and developing behaviors to fit them
24.	IMPULSE CONTROL	Controlling or directing disruptive or interfering behaviors associated with taking turns, waiting in line, changing activities, gaining attention, accepting criticism
25.	INTERPERSONAL RELATIONS	Interacting with others in a cooperative, affectionate, participative, verbal, supportive fashion
26.	RESPONSIBLE BEHAVIORS	Demonstrating socially approved behaviors associated with following rules, obeying authority figures, performing assigned tasks, and organizing activities
27.	PERSONAL WELFARE	Demonstrating safe behaviors associated with electricity, fire, poison, street crossing, transit, group play, self-defense, sharp or high objects, strangers, injuries
28.	SELF-CONFIDENCE	Expressing oneself in situations requiring opinions, participation in classroom activities, and answering questions
29.	HONESTY	Demonstrating socially approved behaviors associated with taking another's property, accepting blame, recounting occurences, and producing own work
30.	SOCIAL SPEECH	Using socially appropriate language with regard to time, place, situation, and persons involved
31.	SOCIAL EATING	Using table manners during meals and cleaning up after eating

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BEHAVIORAL CHARACTERISTICS PROGRESSION

STRAND	DEFINITION*
32. ATTENTION SPAN	Focusing and maintaining attention upon tasks to be completed
33. TASK COMPLETION	Completing assigned tasks and evaluating the product
34. READING	Translating written symbols into their respective sounds and words through visual discrimination
35. MATH	Using addition, subtraction, division, multiplication, sets, fractions, decimals, and percentages to solve math problems
36. PRACTICAL MATH	Using arithmetic operations to tell time on the clock and calendar, to exchange money, and to measure lines, solids, liquids
37. WRITING	Producing symbols of communication using eye-hand/finger skills
38. SPELLING	Translating sounds and words into their respective written symbols through auditory discrimination
39. REASONING	Organizing stimuli into similar groupings and making judgments related to these groupings
40. MUSIC AND RHYTHMS	Developing behaviors associated with music and dance
41. ART AND CRAFTS	Constructing projects using skills related to drawing, painting, cutting, tearing, weaving, modeling, pasting
42. PRE-VOCATIONAL SKILLS	Determining necessary skills and training for future vocational opportunities
43. KITCHEN SKILLS	Demonstrating skills required to shop for, prepare, cook, and serve a meal as well as maintaining a clean kitchen
44. HOMEMAKING SKILLS	Cleaning and tidying a house, doing laundry, and operating the equipment and appliances necessary to complete these tasks
45. OUTDOOR SKILLS	Demonstrating skills required to maintain a garden and the exterior of a house
46. SIGN LANGUAGE	Using signs to communicate

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BEHAVIORAL CHARACTERISTICS PROGRESSION

STRAND	DEFINITION*
47. FINGERSPELLING	Spelling of words with the fingers and hand to communicate
48. SPEECHREADING	Reading of lips to understand verbal communication
49. ORIENTATION I	Demonstrating awareness of one's position in relation to the environment and significant objects within the environment
50. ORIENTATION II	Demonstrating awareness of one's position in relation to the environment and significant objects within the environment
51. MOBILITY I	Moving safely, efficiently and comfortably from one place to another within the environment
52. MOBILITY II	Moving safely, efficiently and comfortably from one place to another within the environment
53. WHEELCHAIR USE	Using a wheelchair to move safely and efficiently from one place to another within the environment
54. AMBULATION	Using parallel bars, rollater, pick-up walker, crutches and own means to move within the environment
55. POSTURE	Maintaining erect and socially appropriate posture and correct walking form
56. SWIMMING	Demonstrating floating, gliding, kicking, diving and water safety skills
57. ARTICULATION I	Pronouncing all vowel and consonant sounds in meaningful and nonmeaningful combinations
58. ARTICULATION II	Pronouncing all vowel and consonant sounds in meaningful and nonmeaningful combinations
59. HEALTH	Maintaining a minimum of symptoms of unhealthy ears, nose, throat, mouth, eyes, skin, hair and general physical condition

* Definitions of behavioral strands are summaries of the behavioral characteristics within each strand.

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Behavioral Characteristics Progression (BCP)

FEEDING/EATING

1.0 Opens mouth when physically stimulated by spoon held by another	2.0 Opens mouth voluntarily at the sight of food.	3.0 Removes semi-liquid food from spoon w/ mouth when being fed-some rejection.	4.0 Removes semi-liquid food from spoon w/ lips when being fed--some rejection.	5.0 Allows spoon to be removed from mouth.	6.0 Removes semi-solid food from spoon w/mouth when being fed-some rejection.	7.0 Removes semi-solid food from spoon w/ lips when being fed-some rejection.	8.0 Retains all semi-solid and semi-liquid food from spoon w/out spitting or drooling.
43.0 Spreads with knife (e.g., butter, jam).	44.0 Cuts with knife.	45.0 Cuts with knife and fork.	46.0 Prepares foods for eating (e.g., peels banana, cracks hard-boiled eggs, etc.)	47.0 Opens containers. Removes foods. Unwraps foods (e.g., opens lunch pail).	48.0 Carries own tray through serving line.	49.0 Serves self in cafeteria.	50.0 Manages to eat different types of foods: liquids, crisp foods, slippery foods.

DRINKING

1.0 Sucks liquid from straw held by adult.	2.0 Takes liquids from cup/glass when cup held by adult.	3.0 Swallows liquids from cup/glass.	4.0 Retains liquids in mouth w/out dripping or drooling while drinking.	5.0 Contacts cup/glass w/hand(s) when drinking from cup held by adult.	6.0 Helps tip cup to drink when cup held by adult.	7.0 Holds cup in two hands.	8.0 Holds cup to drink when placed in two hands by adult.
27.0 Drinks from water fountain when turned on by adult.	28.0 Turns faucet of water fountain.	29.0 Turns faucet of water fountain and drinks at same time.	30.0 Pushes button to operate water fountain.	31.0 Pushes button to operate water fountain and drinks at the same time.	32.0 Pours liquid from teapot.	33.0 Carries liquid in open container without spilling.	34.0 Pours liquid from one cup to another without spilling.

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Behavioral Characteristics Progression (BCP)

DRESSING

1.0 Cooperates passively when being dressed.	2.0 Moves limbs to aid in dressing (e.g., holds out food for shoe)	3.0 Assists in getting dressed by passing or holding clothing,	4.0 Identifies own clothing.	5.0 Partially closes 1 of 3 fasteners (e.g., pushes button halfway into hole)	6.0 Pulls pullover garments down over chest after head & arms put in by adult.	7.0 Puts one arm into sleeve of T-shirt & pulls over chest.	8.0 Puts both arms into sleeves of T-shirt & pulls over chest.
43.0 Manages to take off and/or put on ties, belts, sashes, bows, watches, jewelry.	44.0 Closes all fasteners even if small or on back or side of garment. Closes safety pins.	45.0 Dresses daily at designated times w/out being reminded (e.g., in the morning).	46.0 Selects clean clothing, changes underclothes regularly.	47.0 Selects, uses protective clothing according to weather, location, etc. (e.g., raincoat)	48.0 Selects clothing for different occasions and locations.	49.0 Polishes shoes.	50.0 Attempts to maintain a clean, neat appearance throughout the day.

UNDRESSING

1.0 Cooperates passively when being undressed.	2.0 Moves limbs to aid in removal of clothing (e.g., holds out foot for shoe.	3.0 Pulls sock off over toes after adult removes sock to that point.	4.0 Pulls sock off over sole after socks removed to that point.	5.0 Pulls sock off over heel after socks removed to that point.	6.0 Pulls sock off completely.	7.0 Pulls shoes off over toes after adult removes shoes to that point.	8.0 Pulls shoes off over sole after shoes removed to that point.
36.0 Opens all fasteners even if small or on back of garment. Opens safety pins.	37.0 Undresses daily at designated times w/out being reminded (e.g., at night, before shower)	38.0 Turns clothing right side out (e.g., socks, pants, shirts, etc.)	39.0 Hangs clothing on hook and/or hanger.	40.0 Puts soiled clothing in designated place.	41.0 Folds clothing down middle.	42.0 Folds clothing more than once.	43.0 Puts clean clothing in designated place (e.g., drawer, closet)

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Behavioral Characteristics Progression (BCP)

GROSS MOTOR I

1.0 Holds head up and steady when held against shoulder.	2.0 Uses simple hand movements to the side.	3.0 Lifts head when lying flat on stomach.	4.0 Shows protective behavior (e.g., extends arms when falling.)	5.0 Uses reflexive arm & leg thrusts/voluntary arm & leg thrusts.	6.0 Creeps while flat on stomach using random motion.	7.0 Creeps from stomach position using arms together, legs together.	8.0 Holds head steady & erect when lifting head.
9.0 Turns from side to back.	10.0 Turns over by self from stomach to back/from back to side.	11.0 Supports self on extended elbows.	12.0 Sits if supported by pillow, chair, etc.	13.0 Uses arms to raise trunk from stomach position.	14.0 Shifts weight on extended arms to reach. Reaches to one side.	15.0 Pulls self to sitting position & sits alone w/out aid for 10 sec./ 30 sec/1 min.	16.0 Bounces up & down in sitting position.

GROSS MOTOR II

25.0 Hops 3 ft./5 ft./15 ft. distance on one foot.	26.0 Hangs from bar using overhead grip for 5 seconds.	27.0 Hangs from laddered bars & swings across.	28.0 Strikes with bat a large stationary ball/large rolled ball/lg. bounced ball.	29.0 Strikes w/hand a large ball thrown from 5 ft./strikes w/bat ball thrown fr 5 ft.	30.0 Propels, rides and steers a wagon.	31.0 Rides bicycle with training wheels.	32.0 Maintains chin-up position while hanging on bar 5 seconds.
33.0 Jumps over 6 in. high rope, feet together.	34.0 Hops on each foot two times in place.	35.0 Throws small ball 25 ft. using cross-lateral shift of body weight	36.0 Runs 50 yd. dash within 10 seconds.	37.0 Strikes w/bat a small ball thrown from 5 ft.	38.0 Stands up within 5 seconds after lying on back without losing balance.	39.0 Runs up to & kicks a large moving ball.	40.0 Jumps over 15 in. high rope, feet together.

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Behavioral Characteristics Progression (BCP)

NASAL HYGIENE

1.0	2.0	3.0	4.0	15.0	16.0	17.0	18.0
Shows indications of being irritated by running nose (e.g., cries, wrinkles nose.	Acknowledges running nose by rubbing nose with hand or arm.	Attempts to clean up all nose drippings or leakage.	Wipes all drippings or leakage from around nose with arm or hand.	Indicates need for handkerchief to blow nose.	Blows nose independently when necessary.	Covers mouth with tissue or hand when sneezing.	Uses tissue at all necessary times.

ORAL HYGIENE

1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0
Tolerates brushing of own teeth by others, but does not brush own teeth.	Locates & takes own toothbrush, paste to bathroom sink.	Removes cap from toothpaste tube.	Puts toothpaste on brush (may be inappropriate amount.	Turns on water.	Wets toothbrush & paste.	Brushes back teeth with horizontal motion.	Bites down & brushes front teeth with vertical motion.
17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0
Replaces cap on toothpaste tube.	Replaces or disposes of cup.	Returns t toothbrush, paste to designated container/ location.	Uses proper amount of toothpaste.	Uses proper brushing strokes.	Brushes after meals or at designated times.	Obtains help when tooth hurts, cavity suspected, dental floss needed, etc.	Goes for teeth checkups periodically.

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APPENDIX B

CURRICULUM GUIDES, ACTIVITY BOOKS, AND TASK ANALYSIS MANUALS

CURRICULUM GUIDE AND ACTIVITY BOOK REFERENCES

1. Adams, J., An Education Curriculum for the Moderately, Severely and Profoundly Mentally Handicapped Pupil, Springfield, Ill., Charles C. Thomas, Pub. 1975.

   Applicable to: Multiply handicapped children between the chronological ages of 4 to 14.

2. American Printing House for the Blind, Creative Arts and Crafts, Louisville, Kentucky, 1976.

   Applicable to: Visually impaired children.

3. American Printing House for the Blind, Handbook for Teachers of the Handicapped, Louisville, Kentucky, 1976.

   Applicable to: Visually impaired children.

4. Barraga, N., Dorward, B., Ford, P., Aids for Teaching Basic Concepts of Sensory Development, Louisville, Kentucky, American Printing House for the Blind, 1973.

   Applicable to: Pre-school.

5. Bender, M., P.J. Valletutti, Teaching the Moderately and Severely Handicapped: Curriculum Objectives, Strategies and Activities. Baltimore, University Part Press, 1976.

   Applicable to: Severely or Profoundly Handicapped.

6. Berliner, A., Kindergarten ABC's and 123's, Minneapolis, T.S. Denison and Company, Inc., 1974.

7. Berry, P., Chapman, R., Harris, D., Marek, R., Read, E., Kindergarten Kapers, Minneapolis, T.S. Denison and Company, Inc., 1976.

   Applicable to: Early childhood education.

8. Boston Children's Medical Center, What To Do When There's Nothing To Do, New York, Dell Publishing Company, Inc., 1968.

   Applicable to: Play ideas grouped toward age levels.

9. Chapel Hill Training - Outreach Project, Here I Am - Teach Me Chapel Hill, N. C., 1976.

   Applicable to: Children with behavior problems.

10. Chapel Hill Training - Outreach Project, Learning Activities for the Young Handicapped Child, Chapel Hill, N. C., 1976.

    Applicable to: Preschool mildly handicapped child.

11. Clepper, I., Growing Up With Toys, Minneapolis, Augsburg Publishing House, 1974.

    Applicable to: Aimed toward parents to read for use with any aged child.

12. Croft, D., & Hess, R., An Activities Handbook for Teachers of Young Children, Boston, Houghton Mifflin Co., 1972.

    Applicable to: Multiply handicapped children between the chronological ages of 4 to 14.

13. Dickerscheid, J.D., Activities for Preschool-Age Children, Cooperative Extension Service/The Ohio State University.

    Applicable to: Activity cards for pre-schoolers.

14. F.E. Compton, Co., Compton's Early Childhood Activities, Chicago, William Benton, Pub., 1971.

    Applicable to: Early childhood activities - (non-handicapped).

15. Fiarotta, P., Sticks and Stones and Ice Cream Cones, New York, Workman Publishing Company, © 1973.

    Applicable to: Craft book for young non-handicapped children.

16. Frostig, M., & Maslow, P., Learning Problems in the Classroom, New York, Grune & Stratton, 1973.

Applicable to: Young children with learning disabilities.

17. Johnson, J., 838 Ways to Amuse a Child, Riverside, N.J., MacMillan, 1970.

Applicable to: Pre-schoolers, but can be adapted to older children.

18. Johnson, V., & Werner, R., A Step-by-Step Learning Guide for Retarded Infants and Children, New York, Syracuse University Press, 1975.

Applicable to: Severely retarded and multiply handicapped children.

19. Lydon, W., and McGraw, M.L., Concept Development for Visually Handicapped Children, New York, American Foundation for the Blind, Inc., 1973.

Applicable to: Pre-school visually impaired children.

20. Office of Superintendent of Public Instruction, Guide for Parents of Pre-School Visually Handicapped Children, Springfield, Ill.

Applicable to: Preschool visually impaired children.

21. Office of Superintendent of Public Instruction, Preschool Learning Activities for the Visually Impaired Child, Springfield, Ill., 1976.

Applicable to: Preschool visually impaired children.

22. Ohio State School for the Blind, Guiding the Development of the Young Visually Handicapped: A Selected List of Activites, Columbus, Ohio, 1976.

Applicable to: Young visually impaired children.

23. Osborn, K., and Haupt, D., Creative Activities for Young Children, Detroit, Michigan, The Merrill-Palmer Institute, 1964.

Applicable to: Pre-school.

24. Portage Project, The Portage Guide to Early Education, Portage, Wisconsin, 1976.

Applicable to: Center and home-based model for serving young handicapped and non-handicapped children.

25. Rainey, E., Language Development for the Young Child - A Language Skill Workbook for Teaching Preschool Children, Atlanta, Humanics, Ltd.

Applicable to: This program has been used for 5 year-olds who have developmental problems or who come from a deprived environment. Also: 6 year-olds who are in school who have minimal language skills.

26. Sharp, E., Thinking is Child's Play, New York, E.P. Dutton & Co., Inc., 1969.

Applicable to: Preschool.

27. Taylor, B.J., A Child Goes Forth, Provo, Utah, Brigham Young University Press, © 1964.

Applicable to: Preschool.

28. Taylor, B.J., When I Do, I Learn, Provo, Utah, Brigham Young University Press, 1974.

Applicable to: Preschool.

29. Teaching Research Infant and Child Center, A Data Based Classroom, Monmouth, Oregon, Oregon State System of Higher Education, 1976.

Applicable to: Handicapped and non-handicapped preschool children.

30. Teaching Research Infant and Child Center, The Teaching Research Infant and Child Center Curriculum for the Moderately and Severely Handicapped, Monmouth, Oregon, Oregon State System of Higher Education, 1976.

Applicable to: Severely handicapped preschool children.

31. Teaching Research Infant and Child Center, The Teaching Research Initial Expressive Language Program, Monmouth, Oregon, Oregon State System of Higher Education, 1976.

Applicable to: Children with no expressive language.

32. Thornberg, K., The Whole Teacher. Atlanta, Humanics Limited, 1977.

Applicable to: Early childhood education.

33. Threshold Early Learning Library,

a.) Health and Safety for Young Children,
b.) Language Skills and Social Concepts,
c.) Mathematical Skills and Scientific Inquiry, New York, MacMillan, 1974, 1970, & 1970 respectively.

Applicable to: Early childhood activities - (non-handicapped).

34. UNISTAPS Early Childhood Education Project, Hearing Impaired Children (Birth to Three Years) and Their Parents, Minnesota, 1976.

Applicable to: Hearing impaired children age 0 - 3 years.

35. Winn, M., and Porcher, M.A., The Playgroup Book, Baltimore, Md., Penguin Books, Inc., 1967.

Applicable to: Pre-school.

APPENDIX C

FORMS DEVELOPED TO FACILITATE THE DELIVERY OF SERVICES TO PRE-SCHOOL HANDICAPPED CHILDREN*

All forms included herewith were developed by Barbara J. Dodgion, M.A., Handicap Coordinator for the Ironton-Lawrence Co. Head Start Program. The forms are copyrighted by the Ironton-Lawrence Co. Head Start Program. They may be reproduced in any fashion without written permission, but credit must be given to the Ironton-Lawrence Co. Head Start Program.

In Part II of this manual, sample I.E.P.s and lesson plans were introduced. The samples presented were intended to give you the basic idea of what individualized instruction is all about. The samples presented in Part II do not meet the requirements of PL 94-142, but are useful to the extent that long range goals and instructional objectives are specified and recorded. Once you have become familiar with the procedures for setting long range goals and writing behaviorally stated instructional objectives, you will then be ready for more complete and detailed documentation.

The forms presented here are complete and meet or exceed the requirements of PL 94-142 and the Revised Head Start Performance Standards.

The first 10 pages constitute the Individualized Program Plan (I.P.P.), the comprehensive service plan for the child. Notice that the Individualized Education Plan is only one part of the I.P.P.

The last four pages of this appendix present a more complete and detailed lesson plan and evaluation chart.

All forms have been completed to make them more meaningful.

HEAD START INDIVIDUAL PROGRAM PLAN

NAME Karen Smith D.O.B. 10-5-74 C.A. 3-10 CENTER Coal Grove SESSION M,T,W,Th. DATE 8-29-78

PARENTS Mr. & Mrs. John Smith ADDRESS 1234 Maple St., Ironton, Ohio 45638 PHONE 555-1212

CASE MANAGER Dodgion TEACHER(S) Maddox, Conners, Higgins, Toney

STAFFING ATTENDANCE

DATE Oct. 12, 1978	DATE	DATE	DATE
1. L.Mullens, Speech Path.	1.	1.	1.
2. B.Dodgion, Hand. Coord.	2.	2.	2.
3. S.Sommer, Psych.	3.	3.	3.
4. A.Leedy, Nutrition	4.	4.	4.
5. M.Mattox, Teacher	5.	5.	5.
6. D.Higgins, Teacher	6.	6.	6.
7. B.Toney, Teacher	7.	7.	7.
8. S.Conner, Teacher, Sup'r.	8.	8.	8.
9. M. Sanders, Soc. Services	9.	9.	9.
10. Mr. & Mrs. John Smith	10.	10.	10.
E.Payton, R.N.			
J.Whaley, Crippled Child.Rep.			

DIAGNOSIS (D)

Diagnosis	Description	Diagnosed by Whom	Date	Records Rec'd	Comments
1. Deaf					
2. Hearing Impaired					
3. Blind					
4. Visually Impaired					
5. Mental Retardation					
6. Speech/Language	10-month artic. delay (D)	L.Mullens, M.A.	7-25-78	✓	
7. Orthopedically Imp.	Cerebral palsy, paraplegia (D)	J.B.Johnson, MD, OSU Clinic	7-04-75	✓	Is seen every 6 months.
8. Health Impaired					
9. Learning Disabled					
10. Emotionally Disturbed					
11. Other					

SERVICES TO BE PROVIDED FOR CURRENT YEAR

Type	Initiation Date	Duration	# Weeks	Implementor
1. Physical Therapy	10-16-78	½ hr./day	29 wks.	Turner/Toney
2. Speech/Lang.	10-16-78	½ hr./day	29 wks.	Mullens
3. Occupational				
4. Psychological	11-07-78	1 time		Sommer
5. Ophthalmological				
6. Audiological	11-27-78	1 time		Dr. Jones
7. Neurological				
8. Orthopedic Eval.	On-going -	every 6 mos.		J.B.Johnson, M.D.
9. CCB				
10. Other				

EQUIPMENT TO BE PROVIDED FOR CURRENT YEAR

Type	Needed	Date Rec'd	Purpose
1. Wedge/Bolster			
2. Walker			
3. Wheel Chair	x		Mobility
4. Hearing Aid			
5. Low Vision Aid/Glasses			
6. Prone Board	x		Circulation & strengthen bones
7. Standing Table			
8. Braces			
9. Auditory Train.			
10. Other			

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INDIVIDUAL MEDICAL REPORT

NAME Karen Smith D.O.B. 10-5-74 PHYSICIANS J.B. Johnson, M.D. - O.S.U.

MEDICAL HISTORY: Toxemia of pregnancy, full-term, normal delivery. Developmental milestones: talked at 10 mos.; still cannot walk; sits with assistance. One seizure at 8 mos. of age as a result of temperature of 106°

MEDICATION REGIMEN: Medication for bowel movements. Mother administers in morning.

ALLERGIES: None

SCREENINGS & PHYSICALS

Type	By Whom	Date	Results	Referrals	Follow-Up
1. Vision Screening	E. Payton	8-01-78	(R) 20/40 (L) 20/40		
2. Hearing Screening	E. Payton	8-01-78	Abnormal	T.R. Jones, Ph.D.	
3. Head Circumference	E. Payton	8-01-78	20½ - normal		
4. Immunizations	E. Payton	8-01-78	Up to date		
5. HGB/HCT	E. Payton	8-01-78	10 gms.	J. Fleites, M.D.	Ferinsol .6cc B.I.D.
6. Lead Level	E. Payton	8-01-78	Normal		
7. Urinalysis/Urine Culture	E. Payton	8-01-78	Neg.		
8. TPR/BP	E. Payton	8-01-78	88/54		
9. HT/WT	E. Payton	8-01-78	30"/37# (Overweight)		
10. Dental	J. Fleites, MD		Numerous caries	J. Redman, D.D.S.	
11. TB	E. Payton	8-01-78	Neg.		
12. Other					

Comments: Questionable hearing screening - refer to Dr. Jones for audiological. HGB low, started on Ferinsol. Numerous cavities.

Physical Report: 3 yr. 10 mo. old C.P. child in no acute distress. Recommendations as stated above. In addition, Dr. Fleites recommends P.T. evaluation and weight control.

Objectives Mastered Prior to Enrollment:
1. Orthopedic Evaluation completed.
2. Immunizations up-to-date.
3.

Long Range Statements:
1. Continue care with Dr. J.R. Johnson at O.S.U. every 6 months
2. Bring HGB to normal level.
3. R/O Hearing problem.
4. Evaluate/treat dental problems.
5. Initiate a physical therapy evaluation.
6.
7.

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SHORT RANGE OBJECTIVES

NAME Karen Smith AREA Medical

Date	Goal #	Short Range Objective(s)	Strategies	Implementor	Projected Achievement Date	Achievement Date & Comments
10-10-78	1.	Karen will be seen by Dr. Johnson every 6 months at the O.S.U. Clinic until Dr. Johnson changes plan.	Contact mother by phone to remind. May need transportation.	Dodgion	On-going	
	2.	Karen will be given .6 cc of Ferinsol two times every day until HGB comes to normal level.	Have permission signed by parent.	Dodgion	10-19-78	
			Post and record Medication Sheet	Dodgion	10-20-78	
			Assign teacher for administration.	Dodgion	10-20-78	
	3.	Karen will be referred to T.R. Jones, Ph.D., for audiological evaluation by 10-20-78.	Permission signed	Payton	10-19-78	
			Voucher prepared.	Payton	10-19-78	
	4.	Karen will be referred to J. Redmon, D.D.S., for evaluation of dental problems.	Permission signed.	Payton	10-20-78	
			Voucher prepared.	Payton	10-20-78	
	5.	Karen will be scheduled for a Physical Therapy Evaluation by Jane Turner.	Permission signed. Authorization to share information form signed. Letter sent to Jane Turner to set up appointment.	Payton	10-21-78	

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EDUCATIONAL REPORT

NAME: Karen Smith D.O.B. 10-5-74 C.A. 3 years - 10 months

Test Administered	By Whom	Date	Results	Post-Test Date	Post-Test Results
1. FROSTIG					
A. Eye-hand Coordination			(Not administered because of age)		
B. Figure Ground					
C. Form Constancy					
D. Position in Space					
E. Spatial Relations					
F. Perceptual Quotient					
2. HEAD START DEV. ASSESSMENT					
A. Gross Motor	Toney	9-15-78	24 mo. level of dev.		
B. Manipulation	Toney	9-18-78	45 mo. level-normal		
C. Language					
1) Receptive	Higgins	9-17-78	49 mo. level -normal		
2) Expressive	Higgins	9-20-78	40 mo. level		
D. Auditory	Conner	9-18-78	36 mo. level-delay		
E. Cognitive	Conner	9-18-78	48 mos. - normal		
F. Visual	Maddox	9-13-78	46 mo.		
G. Readiness					
1) Math	Conner	9-21-78	48 mos.		
2) Reading	Conner	9-21-78	48 mos.		
3) Writing	Conner	9-21-78	43 mos.		
H. Social	Higgins	9-25-78	36 mos.		
I. Self-Help					
1) Toileting	Higgins	8-25-78	30 mo. level		
2) Dressing	Higgins	9-23-78	40 mo. level		
3) Feeding	Higgins	9-17-78	48 mo.		

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COMMENTS: Toileting is causing problems because she does not have necessary appliances at home. 132

Length of Attention Span: 10 minutes Motivation/RNF: Praise

Strengths: Appears to be of average intelligence. Curious, enjoys the social situation.

Weaknesses: The gross motor area shows the greatest delay because of the C.P. condition.

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EDUCATIONAL REPORT

NAME: Karen Smith D.O.B. 10-5-74

LONG RANGE GOALS:

1. Karen will function at age level in the toileting area by June.
2. Karen will function at the 32 mo. level in the gross-motor area according to H.S. Assessment Instrument by June.
3. Karen will function at the 55 month level in the visual area by June, according to H.S. Assessment Instrument.
4. Karen will function at the 52 mo. level in the Manipulation Area by June, according to H.S. Assessment Instrument.
5. Karen will function at the 55 mo. level in the Expressive Language Areas by June, according to H.S. Assessment Instrument.
6. Karen will function at the 58 mo. level in the Receptive Language Areas by June, according to H.S. Assessment Instrument.
7. Karen will function at age level in the Readiness Areas by June, according to H.S. Assessment Instrument.
8. Karen will function at age level in the Social Areas by June, according to H.S. Assessment Instrument.
9. Karen will function at age level in the Self-Help Area by June, according to H.S. Assessment Instrument.
10.
11.
12.
13.
14.
15.
16.

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SHORT RANGE OBJECTIVES

NAME Karen Smith AREA Education

Date	Goal #	Short Range Objective(s)	Strategies	Implementor	Projected Achievement Date	Achievement Date & Comments
10-16-78	1.	Karen will transfer from wheelchair to commode with minimal assistance on 5 consecutive days.	Karen will be provided safety hand rails at school and home.	Dodgion	12-15-78	
			Train parents in technique.	Dodgion		
	2.	Karen will stand on prone board for 10 minutes without resistance on 5 consecutive days.	Task analyze this. Introduce time increases slowly. Provide interesting activities for Karen.	Toney	12-20-78	
	3.	Given 4 pictures with an identifiable missing part, child will complete the picture upon request, 3 out of 4 trials, 2 consecutive days.	Use assigned pictures.	Maddox	11-15-78	
	4.	Child will place clipper clothespin on cardboard by opening it with dominant hand, 2 out of 3 trials, 3 consecutive days.		Toney	11-18-78	

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SOCIAL REPORT

NAME Karen Smith D.O.B. 10-5-74 CENTER Coal Grove SOCIAL SERVICE AIDE Jenkins
PUBLIC ASSISTANCE CASE # N/A CASE WORKER N/A SSI None
CRIPPLED CHILDRENS CASE # None MANAGING PHYSICIAN N/A EXPIRATION DATE N/A
INSURANCE CO. Blue Cross HOSPITALIZATION ___ MAJOR MEDICAL ___ CONTACT PERSON ___
COMMENTS Parents were not aware of Crippled Children's Services.

NUTRITIONAL REPORT

COMMENTS Child is overweight. Increase bulk in diet to minimize constipation. Intake of carbohydrates and fats must be reduced.

OBJECTIVES COMPLETED PRIOR TO ENROLLMENT: (1) ___
(2) ___
(3) ___

LONG RANGE STATEMENTS:

1. Initiate CCS
2. Child's weight will be within normal limits by end of year.
3. ___
4. ___
5. ___
6. ___
7. ___

ADDITIONAL COMMENTS (If necessary): ___

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SHORT RANGE OBJECTIVES

NAME Karen Smith AREA Social/Nutrition

Date	Goal #	Short Range Objective(s)	Strategies	Implementor	Projected Achievement Date	Achievement Date & Comments
10-16-78	1.	J.B. Johnson will be contacted to initiate CC5 for Karen.	Letter sent to Dr. Johnson	Dodgion	10-20-78	
	2.	Karen will lose 4 lbs. within the next 6 weeks.	Parent counseling Prepare food list and post. Inform teachers.	A. Leedy	11-24-78	

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SPEECH/LANGUAGE REPORT

NAME Karen Smith D.O.B. 10-5-74 CENTER Coal Grove THERAPIST Mullens

Test Administered	By Whom	Date	Results	Post-Test Date	Post-Test Results
1. Auditory Screening	E. Payton	8-1-78	Abnormal		
2. Articulation	Mullens	7-25-78	10 month delay		
3. Language Screening	Mullens	7-25-78	Normal		
4. Oral peripheral/diadochokinetic rate					
5. Communication Evaluation Chart					
6. Meecham					
7. Vineland Social Maturity Scale					
8. Carolina					
9. Peabody Picture Vocabulary Test					
10. Carrow Auditory Comprehension					
11. Bangs Auditory Comprehension					
12. Zimmerman Pre-School Language Scale					
13. Utah Language Development Test					
14. Carrow Elicited					
15. ITPA					
16. Other					

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Modification of Test:

Mode of Communication:

Child's Behavior/Validity of Test:

Child's Strengths:

Child's Weaknesses:

Diagnosis and Overall Functional Level:

Additional Evaluations:

Recommendations: Recommend audiological evaluation before therapy begins.

LONG RANGE STATEMENTS:

1. Karen's speech productions will be at age level by June, 1979.
2.
3.
4.
5.

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PSYCHOLOGICAL REPORT

Name Karen Smith D.O.B. 10-5-74 C.A. 48 months Program _____ Date _____

Test Administered	By Whom	Date	Area Evaluated	Results
1. Pictorial Test of Intelligence	Sommer	11-7-78	Intellectual ability	I.Q. 100
2. P.P.V.T.	Sommer	11-7-78	Vocabulary	Vocabulary Quotient 108
3. Draw a Person	Sommer	11-7-78	Fine Motor	Standard Score 93
4. Boehm Test of Basic Concepts	Sommer	11-7-78	Concepts	42 month level
5.				
6.				
7.				

Modification of Test: None

Child's Behavior: Attentive, cooperative, appeared to enjoy the individual attention. Some verbalizations were difficult to understand.

Child's Strengths: Results indicate child of normal intelligence. Development appears to be even with no gross differences in sub-tests.

Child's Weaknesses: Articulation and concepts.

Diagnosis and Overall Functional Level: Normal intelligence in a child with cerebral palsy.

Recommendations: Repeat testing after audiological evaluation. Hearing difficulties may have depressed scores.

Program Content:

Class Size:

Supportive Services: Parent counselling as to age appropriate behaviors and expectations. This following repeat evaluation.

Additional Evaluations: As noted.

Comments:

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LESSON PLANS

Child/Group: Group 5 - Donald, Jeremy, Angie

Curriculum Area: Gross Motor Teacher: Shaun Conner

Date Initiated: 8-17-78 Date Completed:

Short Range Objective(s): S will independently walk backward a distance of at least 5 feet touching heel to toe. 2 of 3 trials, 5 consecutive sessions.

Pre-Requisites: (1) Stand without support. (2) Walk independently, (3) Walk forward heel to toe. (4) Walk backwards in a general direction.

Task Analysis/Steps:

(1) S. will walk backwards, in general direction, without losing balance for distance of 5' on 2 out of 3 trials independently on 3 consecutive sessions.

(2) S. will walk backwards on 8 inch wide line, without losing balance for distance of 5' on 2 of 3 trials independently, 3 consecutive sessions.

(3) S. will walk backward on 5 inch line by touching heel to toe from one step without stepping off the line on 2 out of 3 trials independently, 3 consecutive sessions.

(4) S. will walk backward by touching heel to toe for 5 feet without falling off the 1 inch wide line. 2 of 3 trials, 3 consecutive sessions.

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(5) S. will independently walk backward a distance of at least 5' touching heel to toe. 2 of 3 trials on 5 consecutive occasions.

(6)

(7)

Intervention: Intervention will begin with Step I, just to give S. the positive feeling of accomplishment, assessment showed he could already do this. After he's done this a few times, step II will begin, this requiring him to walk on red 8 inch wide line, if he needs help, Prompts will be given as stated on page 3. We will play various games to accomplish these steps so it will be fun to learn this skill. Different activities are listed below. S. will be reinforced with every trial. After he can successfully do step II without prompting, he will be ready for intervention on Step III, etc. S. is required to walk heel to toe backward without line until objective is mastered.

Activities:

Follow the leader (obstacle course)

Simon says

Tightrope walker

Footprints on floor

Jumping the Creek - game.

Backward walking outside

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Materials: Masking tape, tape measure, construction paper (red)

Prompts: MP - if necessary, E. will physically take S. through complete step assisting child to control leg movements to meet criteria. Gradually decrease to LP - E. might need to hold S's hand, guide his foot, etc. This would be faded to S. doing the step/activity independently with no prompting. Use of line is also considered a prompt.

RNF: Verbal praise and clap hands, then verbal praise only.

Data Collection/Evaluation: E. will record each child's response on data sheet using code listed until child masters objective on 5 consecutive occasions.

Comments/Changes: Comment: I use small record card with date, Names/Responses on it, because they are easier to carry around, you can put them in your pocket, etc. (Wearing of apron/smock with pockets is helpful in order to keep your materials close on hand.)

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EVALUATION

Evaluation Code: NR = No response; - = tried, but failed; + = passed independently;
MP = Maximum prompt; LP = little prompt; A = absent
C = completed task (criteria on 3 consecutive days)

		DATE(S)											
Step(s)	Name(s)												
	1												
	2												
	3												
	4												
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	7												
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NOTES